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# Department of Veterans Affairs

### Memorandum

Date: February 28, 2001

From: Financial Services Center, Payroll Operations & Integration Services Division (0475B)

subi.: Tax Year 2000 W-2 Correction Instructions

To: All VA Payroll Offices

#### 1. GENERAL INFORMATION

A. Reasons for W-2 corrections (W-2Cs) processed in 2000 for 1999 are as follows:

Change to Taxing Authority	31.6%
Cash Collections	18.3%
OWCP Leave Buybacks	15.9%
Cash Payments	12.1%
Breach of Special Pay	5.6%
Refund of Excess OASDI Tax	4.1%
Retirement Corrections	3.9%
Cancelled Checks	3.2%
Correct Employee's SSN	2.5%
EPV and Moving Expenses	1.6%
TSP	1.2%

- B. A correction to an employee's retirement code not only affects the employee's retirement record, but also affects the FICA and Medicare wages and taxes. Please follow the procedures described in this package to ensure that the Financial Services Center (FSC) issues the corrected W-2s in a timely manner.
- C. Payroll Offices must request corrections to W-2 forms using VA Form 9997. Mail or fax VA Form 9997 and required attachments to the FSC for processing. Stations <u>must</u> prepare VA Form 9997 and attachments as shown in this document and its examples.
- D. MP-6, Part V, Supp. 2.3, Chapter 5, defines minor adjustments to wage as \$20.00. Central Office Payroll Policy has agreed minor adjustments of \$100.00 or less are processed against current year earnings and taxes. Corrected timecards received for prior tax year pay periods are processed as corrected W2s if the gross overpayment is more than \$100.00. For cases where overpayment is under

\$100.00, the Thrift Savings Plan (TSP) Employee Amount (EA) negative cannot be keyed into OLDE (On Line Data Entry) with a prior year pay period. Current year pay period may be used.

#### 2. PREPARATION AND SUBMISSION OF VA FORM 9997

- A. Follow these steps to complete the VA Form 9997, Request for TD Form W-2C.
- (1) Complete the following fields: year, station number, employee status, Social Security Number (SSN), name and address, lines 1 through 21 based on employee's W-2 information, adjustment transaction section, quarterly breakdown section, R1 information, reason for correction and signature of certifying officer.
- (2) Please note that items 1 through 21 are numbered and have the same titles as the blocks on the W-2.
- (3) Please be sure to enter the data from the W-2 on the appropriate line of the VA Form 9997.
- (4) Use the January 2001 version of the VA Form 9997 to correct a W-2 for tax year 2000.
- (5) Corrections for tax years prior to and including 1999 use the September 1995 or the January 2001 version of the VA Form 9997. **Example 1(page 19)** provides a copy of the January 2001 version.
- B. When the corrections involve OASDI and/or Medicare wages and taxes, the "adjustment transaction" and "quarterly breakdown" sections of VA Form 9997 are required.
  - (1) Obtain data for column A, As Originally Reported, from the original W-2.
- (2) If a second correction for the same tax year is necessary, take the ending figures in column B, Correct Information, of the first correction and put them in column A of the second VA Form 9997. Be sure to annotate "Second Correction" at the top of the VA Form 9997.
- (3) All VA Forms 9997 require the breakdown of the OASDI and Medicare adjustments by calendar quarter and appropriation in the space provided. The Internal Revenue Service (IRS) requires this information reported by quarter on the Employer's Quarterly Federal Tax Return filed by the FSC.
- (4) The adjustment must equal the quarterly breakdown amount in column C, Increase (Decrease)(B less A).

#### 3. CORRECTION SCENARIOS

The following represents examples of situations requiring a corrected W-2. Please follow the instructions for each scenario. This listing represents only examples of salary payment and deduction scenarios. Not all conditions are outlined specifically. Please contact the PAID Section at 512-460-5235 if further assistance is required to address an individual situation.

### A. CORRECTION OF SSN OR NAME ON W-2

(Ref: MP-6, Part V, Supp. 2.3, Chapter 13, Para 13.13)

The following instructions apply to situations involving incorrect SSN or name.

- (1) If the original W-2 was issued with an incorrect SSN, prepare VA Form 9997 to correct that information. **See Example 2 (page 20)**.
- (2) If the original W-2 was issued with an incorrect name, prepare VA Form 9997 to correct the name.
- (3) Complete the following items and mail or fax them to FSC to correct an employee's W-2:
  - a. VA Form 9997 with top and bottom sections completed.
  - b. Attach a copy of the appropriate tax year W-2 listing.

### B. COMBINATION OF INFORMATION FROM 2 W-2s INTO ONE W-2 (Ref: MP-6, Part V, Supp. 2.3, Chapter 13, Para. 13.13)

The following provides instructions for processing a corrected W-2 for wages reported under multiple W-2s.

- (1) If Human Resources (HR) processed an employee's accession under a incorrect SSN and subsequently separated the incorrect SSN record and processed an accession under the correct SSN, the employee received two W-2s. One W-2 was issued with the correct SSN and one reflected the wrong SSN. Prepare two VA Forms 9997.
- (2) An employee had two appointments, one with the actual SSN and another with a pseudo SSN. The employee received two W-2s, one with the actual SSN and one with the pseudo SSN. HR did not enter the actual SSN in the pseudo record preventing the combination of the information from both records into one

- W-2. Prepare two VA Forms 9997.
- (3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:
- a. VA Form 9997 to reduce the taxes and wages from the incorrect SSN. See Example 3, part 1 (page 21).
- b. VA Form 9997 to increase the taxes and wages for the correct SSN. See Example 3, part 2 (page 22).
  - c. Attach a copy of the appropriate tax year W-2 listing for both SSNs.

### C. EXCESS OASDI TAX WITHHELD FROM EMPLOYEE [Ref: MP-6, Part V, Supp. 2.3, Chapter 1 (TT54)]

The following provides an example of an employee transferring within the Federal Government.

- (1) An employee transferred from the Department of Agriculture to VA effective 7-16-00. The employee is covered by FERS (K) retirement and pays OASDI tax. Payroll did not enter OASDI wages from the Department of Agriculture on OLDE Screen A520 under Transfer OASDI Wages. Excess OASDI tax was withheld from the employee's pay. Employees having OASDI withheld from a VA paycheck and from the paycheck of a private employer may receive a refund of over-deducted OASDI tax when filing an income tax return. Employees having OASDI withheld from a VA paycheck and from another federal agency paycheck may not receive a refund of the over-deduction of OASDI tax when filing a tax return. The IRS considers multiple agencies within the Federal Government as one employer. IRS requires the agency employing the person at the end of the tax year to process a corrected W-2 to reduce OASDI tax and wage down to the maximum for that year.
- (2) The transferring employee must provide the payroll office with OASDI wage and tax information from the previous agency.
- (3) Complete the following items and mail or fax them to the FSC to correct employee's W-2:
- a. VA Form 9997 to reduce excess OASDI taxes and wages. **See Example 4 (page 23)**.
  - b. Attach a copy of the appropriate tax year W-2 listing.
  - D. CANCELLED CHECKS NOT PROCESSED IN PAID (Ref: MP-6, Part V, Supp. 2.3, Chapters 11 and 13)

### The following provides examples of overpayments (Canceled Checks) not processed the same tax year as the overpayment.

- (1) A current or separated employee received pay for the Holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to the net payment of \$33.74. The station payroll office faxed an official notification to the bank requesting the return of the funds since the employee was not entitled to the payment. The bank returned the money but payroll did not process the required recording transactions to reduce the taxable wages and taxes reported on the W-2. **See Example 5 (pages 24, 25 & 26)**. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on Office of Workers' Compensation Program (OWCP). Increase the current receivable for advanced health benefits by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.
- (2) A current or separated employee received pay for the Holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to receive pay. The employee's net pay was zero. Payroll failed to process the required recording transactions to reduce the taxable wages and taxes reported on the W-2. **See Example 6 (pages 27, 28 & 29)**. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.
- (3) Complete the following items and mail or fax them to the FSC to correct employee's W-2:
  - a. VA Form 9997 with all sections completed.
- b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, with all sections completed. Payroll must call the National Finance Center (NFC) to verify that the Thrift Savings Plan (TSP) account is still open on separated employees. If the account is closed, add the EA TSP amount to the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".
- c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if the employee had TSP and has not closed the TSP account.
  - (1) Be sure to code each pay period on the R6.
  - (2) Prepare a different VA Form 4-5638a code sheet for each tax year

requiring correction.

- (3) **Do not** enter the appropriation for EA TSP.
- (4) **<u>Do not</u>** complete an R6 on VA Form 4-5638a for Government Basic (GB) and Government Matching (GM) for pay periods older than 11 months.
- (5) Code only the EA. The NFC only processes transactions to reduce contributions once each month.
- (6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.
  - d. Attach a copy of the appropriate tax year W-2 listing.

### E. SALARY OVERPAYMENTS COLLECTED IN THE SAME TAX YEAR (Ref: MP-6, Part V, Supp. 2.3, Chapters 6 and 13)

The following provides examples of overpayments (Cash Collections) not processed in the same tax year as the overpayment.

- (1) A **current employee** did not work in pay period 5 of 2000. The timekeeper submitted a timecard and the employee received a salary payment for this pay period. The employee cashed the check. A bill of collection was prepared and given to the employee. The employee paid the Agent Cashier in July but payroll received no notification of the repayment. When the employee received a W-2, the employee notified payroll that it was incorrect. Payroll researched and determined that accounting set up a receivable for the net and used the money paid by the employee to clear the receivable. In this situation the debt was repaid but the W-2 is incorrect. Accounting must reverse the transaction and return the money to suspense. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. See Example 7 (pages 30, 31 & 32). Bond deductions, allotments, garnishments and Occupation Privilege Tax (OPT) are nonreversible items and are not taken into consideration when arriving at the net amount the employee must pay.
- (2) For **separated employees**, accounting must establish a receivable for the net amount due. The W-2 corrections processed by the FSC return the deductions to the appropriation. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of employee health benefits

forwarded to the carrier on the C215 screen. If employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

- (3) A **current employee** submitted an OWCP claim for pay period 14 of 2000. The employee was originally charged sick leave for pay period 14. OWCP approved the claim and sent a check to the station. The date of the OWCP check deposit to suspense was 12-22-00. The employee paid his share on 12-29-00. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. **See Example 8 (pages 33, 34 & 35)**.
- (4) Other manual references for OWCP cases are: MP-6, Part V, Supp. 2.3, Chapter 8, FPM, Book 810, Subchapter 7, FPM, Letter 631-11 dated 10-6-83 and unpublished CG decision B-229168, dated 9-7-88.
- (5) For **separated employees**, accounting must establish a receivable for the net amount due. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation.
- (6) A **current employee** received pay for the holiday of 11-23-00. The employee was in an LWOP status in pay period 24 and not entitled to the payment. The Bank refused to return the funds. The employee was given a bill of collection for net amount owed. The employee paid the Agent Cashier on 12-27-00. Prepare VA Form 9997 to reduce the Federal, OASDI, Medicare, and State and/or City wages and taxes. **See Example 9 (pages 36, 37 & 38)**.
- (7) For **separated employees**, accounting must establish a receivable for the net amount due. When FSC processes the W-2 correction, the transactions will remove the net from suspense and place the net, plus the deductions, back to the appropriation. The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.
- (8) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:
  - a. VA Form 9997 with all sections completed.
- b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, with all sections completed. Payroll must call NFC to verify that the TSP account is still open on separated employees. If the account is closed, add the EA TSP amount to

the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".

- c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if the employee had TSP and has not closed the TSP account.
  - (1) Be sure to code each pay period on the R6.
- (2) Prepare a different VA Form 4-5638a code sheet for each <u>tax year</u> requiring correction.
  - (3) **Do not** enter the appropriation for EA TSP.
- (4) **<u>Do not</u>** complete an R6 on VA Form 4-5638a for GB and GM for pay periods older than 11 months.
- (5) Code only the EA. NFC only processes transactions to reduce contributions once each month.
- (6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.
  - d. Attach a copy of the appropriate tax year W-2 listing.
  - F. OVERPAYMENT COLLECTED IN THE FOLLOWING TAX YEAR (Ref: MP-6, Part V, Supp. 2.3, Chapter 6 and Chapter 13)

The following provides examples of overpayments collected in a tax year following the year of overpayment:

(1) A current or separated employee did not work in pay period 5 of 2000. The timekeeper submitted a timecard and the employee received a salary payment for this pay period. A bill of collection was prepared and given to the employee. Bond deductions, allotments, garnishments and OPT tax are <a href="non-reversible">non-reversible</a> items and are <a href="not">not</a> taken into consideration when arriving at the net amount the employee is to pay. The employee paid the bill in January of 2001. Because the employee did not pay the bill in 2000, the Federal, State and City taxes are <a href="non-reversible">non-reversible</a>. Amend the bill of collection to show the new increased net amount. Accounting must establish a receivable in the gross. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages and taxes. See Example 10 (page 39, 40 & 41). When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. Payroll must furnish the employee a certificate stating the gross amount collected was included in the employee's prior year W-2. Since the Federal, State and City wages and taxes are <a href="not">not</a> correctable on the W-2, a VA Form 9997 may be prepared and sent to FSC for

processing even if the employee does not pay the bill. **Do not give the employee a certificate until the bill is paid.** The payroll office should process a C215 screen to send health benefits to the carrier unless the employee was on OWCP. Increase the current receivable for advanced health by the amount of the employee health benefits forwarded to the carrier on the C215 screen. If the employee pays the advanced health debt to VA by payroll deduction, it entitles the employee to receive health pre-tax benefit at that time.

- (2) A current or separated employee submitted an OWCP claim for pay period 14 of 2000. The employee was originally charged sick leave. OWCP approved the claim and sent a check to the station on 1-5-01. Because OWCP and the employee did not pay the bill in 2000, the Federal, State and City taxes are <a href="mailto:non-reversible">non-reversible</a>. Amend the bill of collection to show the new increased net amount owed by the employee. Accounting must establish a receivable in the gross. Prepare a VA Form 9997 to reduce the OASDI and Medicare wages and taxes. See Example 11 (pages 42, 43 & 44). When FSC processes the VA Form 9997, deductions are deposited in station suspense for accounting to apply to the receivable. Payroll must furnish the employee a certificate stating the gross amount collected was included in the employee's prior year W-2.
- (3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:
- a. VA Form 9997 with sections 3, 4, 5, and 6 completed for employees with OASDI on W-2. Complete sections 5 and 6 for employees with Medicare only on the W-2.
- b. VA Form 4-5642, Notice of Check Cancellation or Cash Collection, complete all sections. Payroll must call NFC to verify that the TSP account is still open on separated employees. If the account is closed, add the EA TSP amount to the net amount owed by the employee. Do not annotate TSP amount on the VA Form 4-5642. Instead, annotate "PER NFC TSP ACCOUNT CLOSED".
- c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if employee had TSP and has not closed the TSP account.
  - (1) Be sure to code each pay period on the R6.
- (2) Prepare a different VA Form 4-5638a code sheet for each <u>tax year</u> requiring correction.
  - (3) **Do not** enter the appropriation for EA TSP.
- (4) **<u>Do not</u>** complete an R6 on VA Form 4-5638a for GB and GM for pay periods older than 11 months.

- (5) Code only the EA. NFC only processes minus transactions to reduce contributions once each month.
- (6) NFC will not process a minus transaction older than one year. The one-year time limit is determined by the date NFC processes the transaction.
  - d. Attach a copy of the appropriate tax year W-2 listing.

### G. DRAFT PAYMENTS NOT RECORDED IN PAID (Ref: MP-6. Part V, Supp 2.3, Chapters 4 & 13)

The following provide examples of a draft payment not recorded before the end of the tax year:

- (1) The employee was not paid by the system for pay period 23 of 2000 because the supervisor failed to certify the time card in a timely manner. The payroll office failed to record the draft payment before the tax year ended. The wages on the employee's W-2 do not include the draft payment. Accounting is asking payroll, "When will suspense be replenished for the draft?" Payroll must correct the W-2 since the employee received the draft payment in 2000. See Example 12 (pages 45, 46 & 47).
- (2) The employee received an On The Spot Award paid by draft on 12-23-00. Payroll must correct the W-2 since the employee received the draft payment in 2000. **See Example 13 (pages 48 & 49)**.
- (3) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:
  - a. VA Form 9997 with all sections completed.
- b. VA Form 4-5638, Pay Adjustment and Cash Payment Code Sheet, with all items coded for recording the payment. Code net amount paid to the employee in station prior pay.
- c. VA Form 4-5638a, Pay Adjustment and Cash Payment Code Sheet Supplemental, completed if employee had TSP.
  - d. Attach a copy of the appropriate tax year W-2 listing.

#### H. DRAFT PAYMENT RECORDED BY PAYROLL OFFICE BUT HEALTH PRE-TAX BENEFIT NOT GIVEN

The following is an example of a draft payment recorded in PAID but

#### Health Pre-tax benefit was not reflected on the W-2.

- (1) Pre-tax Health began in pay period 21 of 2000. The Employee was not paid by the system for pay period 22 of 2000 because the supervisor failed to certify the time card in a timely manner. The payroll office recorded the draft payment before the tax year ended. Payroll was not able to give the employee pre-tax health benefits because the new OLDE screens were not available. The wages on the employee's W-2 do not reflect pre-tax health benefits for pay period 22. Payroll must correct the W-2 as the employee is entitled to pre-tax health for pay period 22. Prepare VA Form 9997 to increase pre-tax health on the W-2 and decrease Federal, State, City, OASDI and Medicare taxes and wages. **See Example 14 (page 50)**.
  - (2) Note: New Jersey and Puerto Rico do not exempt Health Benefits.
- (3) Complete the following items and mail or fax them to the FSC to correct an employee's W-2:
- a. VA Form 9997 with Federal, State, City, OADI and Medicare wage sections completed. Also, complete the Pre-tax Health Benefits and OASDI and Medicare tax sections.
  - b. Attach a copy of the appropriate tax year W-2 listing.

#### I. PRE-TAX TRANSIT

The following is an example of Transit money refunded to the employee but the refund is not reflected on the W-2. Corrected W-2 is required.

(1) Pre-tax Transit began in pay period 19 of 2000. The employee signed up for Transit Benefits and had transit benefit money withheld in pay period 19, 20 and 21. The employee did not receive the "fare media" and requested a refund of the transit money. The money was refunded to the employee by accounting. The payroll office did not send a copy of the Standard Form 1034, Public Voucher for Purchases & Services Other Than Personal, to FSC to decrease the Transit Benefit

amount on the W-2 and increase the appropriate wages and taxes. A corrected W-2 is required to delete Transit Benefits from the W-2 and increase Federal, State, City, OASDI and Medicare wages and taxes. **See Example 15 (page 51)**.

- (2) Note: Massachusetts, New Jersey, Pennsylvania, and Puerto Rico and all local jurisdictions in Pennsylvania **do not exempt** transit benefits.
- (3) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:

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- a. VA Form 9997 with Federal, State, City, OASDI and Medicare wage sections completed. Also, complete the Pre-tax Transit and OASDI and Medicare tax sections.
- b. Standard Form 1034, Public Voucher for Purchases and Services Other Than Personal.
  - c. Attach a copy of the appropriate tax year W-2 listing.

The following is an example of an employee who self-certified and was reimbursed the transit money withheld from the paycheck. A corrected W-2 is not required.

- (1) The employee signed up for Transit Benefits and had transit benefit money withheld in pay period 19, 20, 21, 22, 23, 24, and 25. "Fare Media" was not available in the employee's area. The employee self-certified and received reimbursement of the transit money. A corrected W-2 is <u>not</u> required. The employee is entitled to receive the transit benefit exemption.
- (2) Note: Massachusetts, New Jersey, Pennsylvania, and Puerto Rico and all local jurisdictions in Pennsylvania **do not exempt** transit benefits.

#### J. CHANGES IN RETIREMENT CODE

Ref: MP-6, Part V, Supp. 2.3, Chapter 13

OPM Benefits Administration Letter 97-107 dated 9-25-97
Interim Issue 004-91-2 dated 10-1-91
Federal Erroneous Retirement Coverage Corrections Act (FERCCA) dated 9-19-00 (Example 21 is a chart from FERCCA)

The following are examples of employees who had retirement code changes requiring a corrected W-2:

- (1) On 1-14-01 HR changed the employee's retirement code from CSRS Offset (C) to CSRS (1) retroactive to 7-16-00. The time between the current appointment and the previous appointment was less than 1 year. The employee's retirement code was 1 under the previous appointment. Code C employees pay OASDI tax and code 1 employees do not. Prepare a VA Form 9997 to remove OASDI taxes and wages for 2000. **See Example 16, part 1 of 2 (page 52)**. The IRS allows correction of the W-2 to remove OASDI taxes and wages for the last three years only. Prepare VA Form 4-4938, CSRS/FERS Correction Worksheets for 2000 and 2001. **See Example 16, part 2 of 2 (page 53)**.
- (2) On 1-13-01 HR changed the employee's retirement code from 1 to C retroactive to 2-5-84. The employee was previously covered by retirement code 1 but had a break in service of longer than 1 year. Prepare a VA Form 9997 to add OASDI taxes and wages for the years 1984 through 2000. The IRS does not limit

the number of years that may be corrected to add OASDI taxes and wages in connection with retirement corrections. **See Example 17, part 1 of 2 (page 54)**. Prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for the years 1984 through 2001. **See Example 17, part 2 of 2 (page 55)**.

- (3) On 1-14-01 HR changed the employee's retirement code from CSRS (1) to FERS (K) retroactive to 1-4-87. Payroll must make sure HR informed the employee of the retirement benefit options under the Federal Erroneous Retirement Coverage Corrections Act (FERCCA) before taking action. If the employee chose to remain code 1 under FERCCA, have HR change the retirement code back to 1. Send VA Form 4-4938 to the FSC annotated with a statement that no action is required (NAR). The FSC will shut off the retirement code change indicator in the system so the employee will not appear on the Follow-up Listing of Employees With Retirement System Code Changes. If the employee chose K, payroll must prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for 1987 through 2001. Prepare a VA Form 9997 to add OASDI taxes and wages for the years 1987 through 2000. **See Example 17 (page 54)**. The only difference in the VA Form 9997 in this case and the previous case is the reason for correction. This one should state "Retirement Correction from 1 to K. Effective date of change 1-4-87".
- (4) On 1-14-01 HR changed the employee's retirement code from K to 1 retroactive to 7-5-87. Payroll must make sure HR informed the employee of the retirement benefit options under FERCCA before taking action. If the employee chose to remain code K under FERCCA, have HR change the retirement code back to K. Send VA Form 4-4938 to the FSC annotated with a statement that no action is required (NAR). The FSC will shut off the retirement code change indicator in the system so the employee will not appear on the Follow-up Listing of Employees With Retirement System Code Changes. If the employee chose 1, payroll must prepare VA Form 4-4938 CSRS/FERS Correction Worksheets for 1987 through 2001. Prepare VA Form 9997 to delete OASDI taxes and wages for the years 1998 through 2000. See Example 16 (page 52). The only difference in the VA Form 9997 in this case and case 1 above is the reason for correction. This one should say "Retirement correction from K to 1. Effective date of change 7-5-87".
- (4) Complete the following items and mail or fax them to the FSC to correct the employee's W-2:

a. VA Form 9997 with sections 3 & 4 completed to add (no limit)	or
minus (3 year limit) OASDI wages and taxes. Annotate remarks section of the	· VA
Form 9997 "Retirement code change fromto Effective date of change	÷
· ·	

- b. VA Form 4-4938, CSRS/FERS Correction Worksheet completed for each <u>tax year</u> requiring correction.
  - c. Attach a copy of the appropriate tax year W-2 listing for each year

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requiring correction.

#### 4. Blank Forms

- A. The following blank forms are included for your convenience:
  - (1) VA Form 9997, Request for TD Form W-2C. Example 1 (page 19).
- (2) VA Form 4-5642, Notice of Check Cancellation or Cash Collection. **Example 18 (page 56).**
- (2) VA Form 4-4938, CSRS/FERS Correction Worksheet. **Example 19** (page 57). **Example 20** (page 58) is the information printed on the back of the VA Form 4-4938 generated by the system when an employee's retirement code is changed.
- (3) **Example 21 (page 59)** is a copy of the chart of Retirement Coverage Error Correction Provisions of FERCCA. You can find more information about FERCCA on the OPM website at <a href="https://www.opm.gov/benefits/correction">www.opm.gov/benefits/correction</a>.

#### 5. RETIREMENT RATE CHART

Note: Retirement and TSP are taken on base, locality, gap, special rate pay, standby premium, physician's special pay, physician's comparability pay and AUO availability pay.

RETIREMENT (	CODE K (	(FERS)
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Employe			Empl %	Describe		
Year	Share	VA Share	of VA	Remarks		
1987	1.3%	14.8%	8.78	PP01-PP20 of 1987		
1987	1.3%	12.5%	10.40	PP21-PP25 of 1987		
1988-1989	.94%	12.86%	7.31	Starting PP 26 of 1987		
1990-1991	.8%	13.0%	6.15	Starting PP 26 of 1989		
1991-1994	.8%	12.9%	6.20	Starting PP 20 of 1991		

1994-1997	.8% 11.4%		7.02	Starting PP 20 of 1994	
1997-1998	.8%	10.7%	7.48	Starting PP 21 of 1997	
1999	1.05%	10.7%	8.81	Starting PP 01 of 1999	
2000	1.20%	10.7%	11.21	Starting PP 01 of 2000	
2001	.8%	10.7%	7.48	Starting PP 01 of 2001	
LAW ENF/F			Empl 0/		
Year	Employ Share	VA Share	Empl % of VA	Remarks	
1987	1.8%	29.4%	6.12	PP01-PP 20 of 1987	
1987	1.44%	24.9%	7.23	PP21-PP25 of 1987	
1988 -1989	1.44%	25.26%	5.70	Starting PP 26 of 1988	
1990 -1991	1.3%	25.4%	5.12	Starting PP 26 of 1989	
1991-1994	1.3%	27.3%	4.76	Starting PP 20 of 1991	
1994-1997	1.3%	24.3%	5.35	Starting PP 20 of 1994	
1997-1998	1.3%	23.3%	5.58	Starting PP 21 of 1997	
1999	1.55%	23.3%	6.65	Starting PP 01 of 1999	
2000	4 700/	22.20/	7.00	Charting DD 04 of 2000	
2000	1.70%	23.3%	7.30	Starting PP 01 of 2000	
2001	1.3%	23.3%	5.58	Starting PP 01 of 2001	

#### FERS REEMPLOYED ANNUITANT CODE 9

Years and rates the same as Code K

RETIREMENT CODE 1 (CSRS)

Employee

Year Share VA Share Empl % of VA Remarks

1956-1969	6.5%	6.5%		11-1-56 thru 12-31-69			
1970-1997	7.0%	7.0%		Starting PP 29 of 1969			
1997-1998	7.0%	8.51%	82.26	Starting PP 21 of 1997			
1999	7.25%	8.51%	85.19	Starting PP 01 of 1999			
2000	7.40%	8.51%	86.96	Starting PP 01 of 2000			
2001	7.0%	8.51%	82.26	Starting PP 01 of 2001			
CSRS LAW ENF/FIREFIGHTERS CODE 6							
Year	Employee Share	; VA Share	Empl %	Remarks			

Year	Employee Share	e VA Share	Empl % of VA	Remarks
1956-1969	7.0%	7.0%		11-1-56 thru 12-31-69
1970-1997	7.5%	7.5%		Starting PP 26 of 1969
1997-1998	7.5%	9.01%	83.24	Starting PP 21 of 1997
1999	7.75%	9.01%	86.02	Starting PP 01 of 1999
2000	7.90%	9.01%	87.68	Starting PP 01 of 2000
2001	7.5%	9.01%	83.24	Starting PP 01 of 2001

#### **CSRS OFFSET CODE C**

	Employee		Empl %	
Year	Share	VA Share	of VA	Remarks
1984-1987	1.3%	7.0%	18.57	Code C effective 1-1-84
1988-1989	.94%	7.0%	13.43	Starting PP 26 of 1987
1990-1997	.8%	7.0%	11.43	Starting PP 26 of 1989
1997-1998	.8%	8.51%	9.40	Starting PP 21 of 1997
1999	1.05%	8.51%	12.34%	Starting PP 01 of 1999

2000	1.20%	8.51%	14.10	Starting PP 01 of 2000
2001	.8%	8.51%	9.40	Starting PP 01 of 2001

Note: Effective PP 26 of 1987 when retirement Code C and E employees reach maximum FICA wage in base pay, the employee retirement amount reverts to the Code 1 or 6 rate.

#### CSRS OFFSET LAW ENF/FIREFIGHTER CODE E

Year	Employee Share	e VA Share	Empl % of VA	Remarks
1984-1986	1.8%	7.5%	24.00	Effective 1-1-84
1987-1989	1.44%	7.5%	19.20	Starting PP 21 of 1987
1990-1997	1.3%	7.5%	17.33	Starting PP 26 of 1989
1997-1998	1.3%	9.01%	14.43	Starting PP 21 of 1997
1999	1.55%	9.01%	17.20	Starting PP 01 of 1999
2000	1.70%	9.01%	18.87	Starting PP 01 of 2000
2001	1.3%	9.01%	14.43	Starting PP 01 of 2001

#### **CSRS REEMPLOYED ANNUITANT CODE 9**

Years and rates the same as Code 1 except NO VA Share

#### **CSRS OFFSET REEMPLOYED ANNUITANT CODE 5**

Years and rates the same as Code C except NO VA Share

#### 6. SUMMARY

- A. This memorandum provides instructions and examples for stations to use in the processing of corrected W-2s for tax year 2000. I hope you will find them of value when preparing VA Form 9997 and the required attachments.
- B. If station personnel require additional information or assistance in the processing of these transactions, contact our Nationwide Help Desk at

512-460-5235. My staff of payroll subject matter experts is available to answer your questions on this topic or any payroll matter.

C. Please submit your suggestions regarding additional examples or improvement of this package to Beverly Poe at beverly.poe@mail.va.gov.

MARGARET PLANT
Associate Director
Payroll Operations & Integration Services Division

M	Department of Vet	erans Affa	airs				REQUE	ST FC	OR TD FORM W	-2C
INSTR duplica	INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.									
the TD	All employees reque Form W-2c, Payroll tive that action be tal	Offices will	l update th	eir Mast	er W-2 Listing	with the corre ree's Master F	cted data from Record and upo	Column B date neces	<ul> <li>In the case of name, SS</li> </ul>	en applicable. Upon receipt of N, or address change, it is
YEAR	BEING CORRECTE	)		STATIC	N NO.	CORREC	T EMPLOYEE DECEASED		PENSION PLAN	DEFERRED COMPENSATION
EMPL	OYEE'S CURRENT S 	SOCIALSE	CURITY N	Ю.			EM	PLOYER'S	FEDERAL EIN 74-16122	229F
EMPLOYEE'S NAME AND ADDRESS (Include ZIP Code)							EM		NAME AND ADDRESS PARTMENT OF VET	ERANS AFFAIRS
								AL	JSTIN, TEXAS	
	ete ONLY if previousl ation was incorrect	y reported			EMPLOYEE'S -	SSN (Origina -	al) EMF		NAME (As shown as orig	inal)
				loyee ha	as more than o	n State or Loc	cal Taxing Auth	nority to be	changed, a second VA Fo	enter data in Columns A, B, and orm 9997 must be submitted.
Ċ.	ITE	EM			A. AS ORIGIN REPORTE		B. COF		C. INCREASE	(DECREASE) ( B LESS A)
FORM W-2	1. WAGES TIPS AN	D OTHER	COMP							
Σ	2. FED. INC. TAX W	/ITHHELD								
쏬	3. SOC. SECURITY	WAGES								
	4. SOC SECURITY	TAX WITH	HELD							
ΤD	5. MEDICARE WAG	ES								
[	6. MED. TAX WITH	HELD								
TO	9. ADVANCED EIC	PAYMENT								
S	13A. 401K(TSP) (D)									
Ö	13D NON-TAXABLE MER (P)									
CHANGES	(Moving Expense Reimbursements) 14A TAXABLE MER									
O	(Moving Expense Reimbursements) 14B TAXABLE EPV	es								
	(Employee Provi		/							
	14C PRE-TAX TRN- (Non-taxable)	TRANSIT B	SENEFIT							
	14D HTH-HEALTH B	ENEFIT								
	(Non-taxable) 17 STATE WAGE									
	18 STATE TAX WITH	JUELD								
	20. LOCAL WAGE G									
	21. LOCAL TAX WIT				000000000000000000000000000000000000000	2500550	D 005	DE0T	0 11100	5.05 (D50D5.05)
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RAN	MEDICARE WAGES									
ΨĒ	MEDICARE TAX WIT	THHELD								
QTR	OASDI WAGI	FS		OASDI	TAX	MEDICA	RE WAGES		MEDICARE TAX	APPROPRIATION
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3										
4										
4										
NORM	AL HOURS	PAY BA	SIS		DUTY BASIS	;	COST CENT	ER	SUBACCOUNT	FTE EQUIVALENT
SEPA	RATION DAY NO.	Q & S S	TATION N	Ο.	FUND CONTE	ROL POINT	DATE OF BI	RTH	PAY PLAN	TYPE OF APPOINTMENT
REASC	N FOR CORRECTION (	Late recordi	ing of movin	g expense	es (Cancel Check	s etc.)	SIGNATUR	RE OF CEF	RTIFYING OFFCIER	DATE

M	Department of Vet	terans Aff	airs				F	REQUE	ST	FOR TD FO	RMV	V-2C
	RUCTIONS: Paymen								jinal T	reasury Department	Form W	-2. Prepare this form in
NOTE the TD	: All employees requ	esting con	rections sh Il update th	nould be	e notified that the ster W-2 Listing	e original TD with the corre	Form W-2 i	must be fil from Colur	nn B.	In the case of name		oplicable. Upon receipt of r address change, it is
	BEING CORRECTE				ON NO.		T EMPLOY DECEAS	YEE STAT		PENSION PLAN		DEFERRED COMPENSATION
	OYEE'S CURRENT	SOCIALSE	CURITY N	NO.				EMPLOY	ER'S F	EDERAL EIN		
	- 22 - 3456 OYEE'S NAME AND	ADDDESS	C (Includo	ZID Co	ada)			EMDI OV	ED'S	74-161 NAME AND ADDRE		) <del> -</del>
DOE,	JOHN RENT ADDRESS		5 (IIICIUUE	ZIP GC	ode)			EMPLOT		PARTMENT OF V		ANS AFFAIRS
					EMPL OVEETO		0 .	- NADL OVE		STIN, TEXAS	,	
inform	ete ONLY if previous ation was incorrect				EMPLOYEE'S 111-22-3	457				AME <i>( As shown as</i>	,	
					s more than on	State or Loca						data in Columns A, B, and C 97 must be submitted.
2	ITI	EM			A. AS ORIGIN			CORRECT DRMATIO		C. INCREA	SE (DEC	CREASE) ( B LESS A)
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Σ	2. FED. INC. TAX V	VITHHELD										
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9	5. MEDICARE WAG	GES										
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ñ	13A. 401K(TSP) (D)											
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	18 STATE TAX WIT	HHELD										
	20. LOCAL WAGE 0											
	21. LOCAL TAX WIT											
노종	ITI	EM		A. A	S ORIGINALLY	REPORTED		CORRECT DRMATIO		C. IN	ICREAS	E (DECREASE)
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NORM	IAL HOURS <b>80</b>	PAY BA	1		DUTY BASIS	1		24300		SUBACCOUNT 01		FTE EQUIVALENT 0
	RATION DAY NO.		NOITATE		FUND CONT	12	06	F BIRTH -10-50		PAY PLAN A		TYPE OF APPOINTMENT  1
REASC	N FOR CORRECTION	(Late record	ling of movin	ng expen	ses (Cancel Chec	ks etc.)	SIGNA	TURE OF	CERT	TIFYING OFFCIER		DATE
то с	ORRECT SSN O	N W2					Signa	ture Re	quire	ed		2/11/03

M	Department of Ver	terans Affa	airs			REQU	JEST F	OR TD FORM	I W-2C				
	RUCTIONS: Paymen ate. Fax the complet							reasury Department F	orm W-2. Prepare this form i	in			
the TD		Offices will	update their Ma	ster W-2 Listing	with the corre	cted data from	Column B.	In the case of name,	when applicable. Upon receip SSN, or address change, it is				
YEAR	BEING CORRECTE		STATI	ON NO.		T EMPLOYEE:							
200	0		104			DECEASED	$\boxtimes$	PENSION PLAN	DEFERRED COMPENSATION				
	OYEE'S CURRENT : - 33 - 4404	SOCIALSE	CURITY NO.		l .	EMP	LOYER'S	FEDERAL EIN 74-1612					
	OYEE'S NAME AND	ADDRESS	(Include ZIP Co	ode)		EMP	LOYER'S	NAME AND ADDRES					
	JOHN RENT ADDRESS	5)							ETERANS AFFAIRS				
	ete ONLY if previous ation was incorrect	sly reported	•	EMPLOYEE'S <b>202 - 33</b>		al) EMPI		STIN, TEXAS IAME (As shown as o	riginal)				
NOTE	: If previously reports	nd money fi	gures were corre			in this section	If monetar	v figures are incorrect	enter data in Columns A, B,	and C			
only to	those items request	ing change	. If employee ha	s more than on	State or Local	Taxing Authori	ty to be cha	anged, a second VA Fo	orm 9997 must be submitted.	and C			
2	IT	EM		A. AS ORIGIN REPORTE		B. CORI		C. INCREAS	E (DECREASE) ( B LESS A)	)			
FORM W-2	1. WAGES TIPS AN	ND OTHER	COMP		3,283.88		\$ 0.00		(\$3,28	3 88)			
ž	2. FED. INC. TAX V	VITHHELD		4	\$891.73		\$ 0.00		•	1.73)			
菜	3. SOC. SECURITY	'WAGES		9	3,456.72		\$ 0.00		(\$3,45)				
	4. SOC SECURITY	TAX WITH	HELD	•	\$214.32		\$ 0.00		,	4.32)			
9	5. MEDICARE WAC	SES		9	3,456.72		\$ 0.00		(\$3,45)				
	6. MED. TAX WITH	HELD		\$ 0.00	İ	, ,	0.12)						
9. ADVANCED EIC PAYMENT													
CHANGES	13D NON-TAXABLE (Moving Expens Reimbursements) 14A TAXABLE MER (Moving Expens	ses											
	Reimbursements)  14B TAXABLE EPV (Employer Prov.		s)										
	14C PRE-TAX TRN- (Non-taxable)	TRANSIT B											
	14D HTH-HEALTH E (Non-taxable)	BENEFII											
	17 STATE WAGE	050000	)	\$	3,283.88		\$ 0.00		(\$3,28	3.88)			
	18 STATE TAX WIT				\$651.49		\$ 0.00		(\$65)	1.49)			
	20. LOCAL WAGE (												
	21. LOCAL TAX WIT												
노종	IT	EM	A. A	AS ORIGINALLY F	REPORTED	B. CORI		C. INC	CREASE (DECREASE)				
ME N	OASDI WAGES			9	3,456.72		\$ 0.00		(\$3,45)	6.72)			
ADJUSTMENT TRANSACTION	OASDI TAX WITHH	ELD			\$214.32		\$ 0.00			4.32)			
PAN P	MEDICARE WAGES	3		9	3,456.72		\$ 0.00		(\$3,45)				
~ ⊢	MEDICARE TAX WI	THHELD		•	\$50.12		\$ 0.00			0.12)			
QTR	OASDI WAG	ES	OASD	I TAX		RE WAGES		MEDICARE TAX	APPROPRIATION				
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3	(\$1,6	85.36)		(\$104.49)		(\$1,685.36)		(\$24.44	) 00160				
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	OMBINE INFORMA								2/11/03				

$\omega$	Department of Ve	terans Affa	airs			REQUE	EST FO	OR TD FORM	W-2C				
	RUCTIONS: Paymen ate. Fax the complet							reasury Department Fo	orm W-2. F	Prepare this form in			
the TD		Offices will	update their Ma	aster W-2 Listing	with the corre	cted data from 0	Column B.	h the TD Form W-2c w In the case of name, s ary files.					
YEAR	BEING CORRECTE		STA	ΓΙΟΝ NO.		T EMPLOYEE S							
200			104	1		DECEASED	$\boxtimes$	PENSION PLAN		FERRED OMPENSATION			
202	OYEE'S CURRENT : - 33 - 4404							FEDERAL EIN 74-1612					
	OYEE'S NAME AND JOHN	ADDRESS	(Include ZIP C	Code)		EMPI		NAME AND ADDRESS PARTMENT OF VE		AFFAIDO			
	RENT ADDRESS	S)						STIN, TEXAS	TERANS	AFFAIRS			
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NOTE only to	: If previously reported those items request	ed money fi ina chanae	gures were corr  . If emplovee h	ect, DO NOT mal as more than on	ke any entries State or Local	in this section. Taxing Authorit	If monetar v to be cha	y figures are incorrect, anged, a second VA Fo	enter data orm 9997 m	in Columns A, B, and C ust be submitted.			
1		EM		A. AS ORIGIN	NALLY	B. CORF	RECT			ASE) ( B LESS A)			
FORM W-2	1. WAGES TIPS AN	ND OTHER	COMP	REPORTE	\$6,268.33	INFORMA \$0	,552.21			\$3,283.88			
2	2. FED. INC. TAX V				\$2,384.97		276.70			\$891.73			
Ě	3. SOC. SECURITY	′ WAGES			\$6,598.24		054.96			\$3,456.72			
FC	4. SOC SECURITY	TAX WITHI	HELD	`	\$409.09		623.41			\$214.32			
9	5. MEDICARE WAG	GES		9	6,598.24		054.96			\$3,456.72			
5	6. MED. TAX WITH	HELD		,	\$95.68		145.80			\$50.12			
		·											
CHANGES	13D NON-TAXABLE (Moving Expens Reimbursements)	ses											
υ	14A TAXABLE MER (Moving Expens Reimbursements)  14B TAXABLE EPV	ses											
	(Employer Prov	ided Vehicle											
	14C PRE-TAX TRN- (Non-taxable)	-TRANSIT E	BENEFIT										
	14D HTH-HEALTH I	BENEFIT											
	(Non-taxable) 17 STATE WAGE	51000	0	9	6,268.33	\$9	552.21			\$3,283.88			
	18 STATE TAX WIT				\$1,007.21		658.70			\$651.49			
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ADJUSTMENT	IT	EM	A.	AS ORIGINALLY I	REPORTED	B. CORF		C. INC	REASE (DE	ECREASE)			
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NS.	OASDI TAX WITHH				\$409.09		623.41			\$214.32			
δķ	MEDICARE WAGES			9	6,598.24		054.96			\$3,456.72			
	MEDICARE TAX WI		040	DLTAV	\$95.68		145.80	AEDIOADE TAY	1 .	\$50.12			
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4													
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REASC	ON FOR CORRECTION	 (Late recordi	ing of moving expe	-				TIFYING OFFCIER		DATE			
	OMBINE INFORMA	,		·	•					2/11/03			

M	Department of Vet	erans Affa	airs				REQ	JES	T FOF	R TD FORM V	V-2C		
	UCTIONS: Payment									easury Department F	orm W-2. Pr	epare this form in	
	ate. Fax the complete	•			•	•							
the TD	All employees reque Form W-2c, Payroll	Offices wil	I update th	neir Mas	ter W-2 Listing	with the corre	cted data fr	om Co	lumn B. I	In the case of name,	vhen applicat SSN, or addr	ess change, it is	
	tive that action be tal		field statio	n to cor			Record and T EMPLOY			ry files.			
2000		,		104	SIV IVO.		DECEAS			PENSION PLAN		FERRED	
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	-33-3333									74-161			
	OYEE'S NAME AND A y, Tom	ADDRESS	(Include	ZIP Cod	de)			EMPLO		NAME AND ADDRES ARTMENT OF VE		ΔΕΕΔΙΡΟ	
	rent Address)								DLI	ARTIMENT OF VI		ALLAINO	
(	,								ALIC	TIN TEVAC			
Compl	ete ONLY if previousl	ly reported	]		EMPLOYEE'S	SSN (Origina	al) E	MPLO		TIN, TEXAS AME (As shown as o	original)		
	ation was incorrect	, .,			-	-	,			,	3 - ,		
NOTE	If previously reporte	d money f	igures wei	re correc	ct, DO NOT ma	ke any entries	in this sec	tion. It	monetary	y figures are incorrec	t, enter data i	n Columns A, B, and	
C only	to those items reque		ge. If emp		as more than o			Authori				must be submitted. SE) ( B LESS A)	
/-2					REPORTE			RMAT		O. HVOREAG	E (BEORE)	3E) ( B EE30 7t)	
FORM W-2	1. WAGES TIPS AN		COMP										
RM	2. FED. INC. TAX W  3. SOC. SECURITY				Δ-	70 000 00		200	04.00			(\$40.745.00)	
<u> </u>	4. SOC SECURITY		HELD			76,200.00	,		84.80			(\$12,715.20)	
			IILLD		1	54,724.40		<b>\$</b> 3,8	36.06			(\$788.34)	
5. MEDICARE WAGES 6. MED. TAX WITHHELD													
6. MED. TAX WITHHELD 9. ADVANCED EIC PAYMENT													
13D NON-TAXABLE MER (P)													
141	(Moving Expense Reimbursements)	es											
ᄓ	14A TAXABLE MER (Moving Expense	es											
	Reimbursements)  14B TAXABLE EPV (Employee Provi	ided Vehicl	۵۱										
	14C PRE-TAX TRN-		,										
	(Non-taxable) 14D HTH-HEALTH B	ENEFIT											
	(Non-taxable) 17 STATE WAGE												
	18 STATE TAX WITH	HELD											
	20. LOCAL WAGE G												
	21. LOCAL TAX WIT												
	ITE	EM		A. AS	S ORIGINALLY F	REPORTED		ORRE		C. INC	CREASE (DEC	CREASE)	
ADJUSTMENT TRANSACTION	OASDI WAGES				<b>¢</b> 7	76 200 00		RMAT				(\$10.715.20\	
SAC	OASDI TAX WITHHE	ELD				76,200.00 \$4724.40	•		84.80 36.06			(\$12,715.20) (\$788.34)	
DOU	MEDICARE WAGES				,	ψ+ <i>1</i>		ψυσ	30.00			(ψ100.5+)	
₹ F	MEDICARE TAX WIT	THHELD											
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2													
3													
4	(¢10.7	15 20)			(\$788.34)								
4         (\$12,715.20)         (\$788.34)         USE COST CENTER         SUBACCOUNT         FTE EQUIVALENT												EQUIVALENT	
	80		1		1			872		01		0	
SEPA	RATION DAY NO.	Q&SS	TATION N	Ю.	FUND CONTE		DATE OF <b>09</b> -	BIRT		PAY PLAN A	TYP	E OF APPOINTMENT  1	
	N FOR CORRECTION (				ses (Cancel Check	ks etc.)			_	IFYING OFFCIER	1	DATE	
	oyee paid \$788.34 employed at Dep			UASD	ı wage of \$12	2,715.20						2/11/03	
VVIIIIE	cripioyed at Dep	TO AGII	Juitui C.				Signatu	ıre Re	quired			2,11,00	

M	Department of Veto	erans Affa	airs			RE	QUES	ST FO	R TD FORM V	V-2C	
	RUCTIONS: Payment ate. Fax the complete								easury Department Fo	rm W-2. Prep	are this form in
the TD	: All employees reque Form W-2c, Payroll ( ative that action be tak	Offices will	update their Ma	aster W-2 Listing v	with the corre	cted data	from Co	olumn B.	n the TD Form W-2c wh In the case of name, S ary files.	nen applicable SN, or addres	. Upon receipt of s change, it is
	BEING CORRECTED			TON NO.	CORREC		DYEE ST		PENSION PLAN	DEFE	RRED
	OYEE'S CURRENT S	OCIALSE					EMPL	OYER'S F	L EDERAL EIN	∠ COMF	PENSATION
123	- 45 - 6789								74-1612	229F	
	OYEE'S NAME AND	ADDRESS	(Include ZIP C	ode)			EMPL		NAME AND ADDRESS ARTMENT OF VE		TEAIDO
	an, James ent Address)								_	I ERANS AI	TAIRS
Compl	lete ONLY if previousl	v reported		EMPLOYEE'S	SSN (Origina	a/)	EMDI C		TIN, TEXAS AME <i>( As shown as or</i>	iginal)	
	ation was incorrect	y reported	•	-	-	ai)	LIVII LC	TLL S INF	ANIL ( AS SHOWN AS OF	igiriar)	
NOTE only to	: If previously reported those items requesting	d money fiç ng change	gures were corre	as more than on S	State or Local	in this se	ection. If Authority	monetary to be char	r figures are incorrect, onged, a second VA Fol	enter data in C rm 9997 must	Columns A, B, and C be submitted.
2	ITE	M		A. AS ORIGIN REPORTE			CORRE	-	C. INCREASE	(DECREASE	) ( B LESS A)
FORM W-2	1. WAGES TIPS AN	D OTHER	COMP		7,362.88			279.85			(\$83.03)
Σ	2. FED. INC. TAX W	'ITHHELD			1,475.70						
6	3. SOC. SECURITY	WAGES		\$1	9,012.76		\$18,9	24.48			(\$88.28)
	4. SOC SECURITY	TAX WITH	HELD	\$	1,178.84		\$1,1	73.37			(\$5.47)
<u>σ</u>	5. MEDICARE WAG			\$1	9,012.76			924.48			(\$88.28)
2	6. MED. TAX WITH				\$275.70		\$2	274.42			(\$1.28)
	9. ADVANCED EIC I 13A. 401K(TSP) (D)	PAYMENT		Φ.	1 640 00		<b>C4</b> (	244.62			( <b>PE DE</b> )
₫	13D NON-TAXABLE	MER (P)		Φ	1,649.88		<b>ф1,0</b>	644.63			(\$5.25)
CHANGES	(Moving Expense Reimbursements) 14A TAXABLE MER (Moving Expense										
	Reimbursements) 14B TAXABLE EPV										
	(Employer Provided 14C PRE-TAX TRN-1										
	(Non-taxable) 14D HTH-HEALTH B	CNICEIT			000.40			200 70			(0.10.00)
	(Non-taxable)	ENEFII			\$83.40		,	66.72			(\$16.68)
	17 STATE WAGE	IIIEI D									
	18 STATE TAX WITH 20. LOCAL WAGE G										
	21. LOCAL TAX WIT										
μõ	ITE		A	AS ORIGINALLY R	REPORTED		CORRE		C. INCI	REASE (DECR	EASE)
ĀĀ	OASDI WAGES			\$1	9,012.76		\$18,9	24.48			(\$88.28)
ADJUSTMENT TRANSACTION	OASDI TAX WITHHE			\$	1,178.14		\$1,1	73.37			(\$5.47)
各员	MEDICARE WAGES			\$1	9,012.76			24.48			(\$88.28)
	MEDICARE TAX WIT		040	OI TAX	\$275.70 MEDICA			274.42	EDICARE TAX	ADD	(\$1.28) ROPRIATION
QTR 1	OASDI WAGI		UASI	JITAX	MEDICA	RE WAG	ES	IV	EDICARE TAX	APP	ROPRIATION
2											
3											
4											
4 NORM	(\$ NAL HOURS	88.28) PAY BAS	ele	(\$5.47) DUTY BASIS			3.28)	, T	(\$1.28) SUBACCOUNT	 	OLUVALENT
	80		Α	1			CENTEF 194910		07		EQUIVALENT 0
SEPAI	RATION DAY NO.	Q & S S	TATION NO.	FUND CONTR			OF BIRT <b>2-12-</b> 4		PAY PLAN A	TYPE	OF APPOINTMENT  1
REASC	ON FOR CORRECTION (	Late recordi	ng of moving expe						IFYING OFFCIER		DATE
Canc	el check-employee	e not enti	tled PP24/00	. Bank returne	d funds.	Sign	ature l	Require	d		2/11/03

$\infty$	Depar	tme	nt of V	eterans A	Affairs		NO	TICE OF	CHE	CK CA	NCEL	LATIO	N OR C	CASH COI	LLECTION	
ТО	VA FSC AUSTIN		/0475B	)	_	AAC	Austin,		PARING	STATION					Station No. 200	
	EMPLOYEE						SECURITY NO			DATE OF BIRT	Ή	CHEC	K NO.	DATE OF CHECK		
Batma FCP NO.	an, Jame		PE APPT	PAY BASIS	DUTY BASIS		45-6789	EQUIVALE		2-43	COST CEN	TER	SLBACCOLNT	12-12-00	\$27,831.00	
111	Α		1	Α	1		80		0		1949		07		PP24/00	
TSP	STATUS	PI	ERCENT	RESERVED				DIST. OF	EMPLO'	YEE DEDUC	TION		GOVERNME	ENT BASIC	GOVERNMENT MATCH	I
	Y	1	5				GS	100%	FI		cs			1.05	420	
⊠EMPL	two blocks a LOYEE CUR ROLLS		_	) REEMPLOY ANNUITAN			EMPLOYE SEPARAT			SEPARAT	ION DAY	NO.	O AND :	S STATION	T AND L UNIT NO. 123	
						- 1	EARNING	S AND DEI	DUCTIO	ONS DAT				'		
	EAF	RNING	3S AND	ALLOWAN	ICES			OUNT 8.32			DE	DUCTION	NS		<u>AMOUNT</u> \$5.47	
BASE	PAY								О.	ASDI TAX	(				\$1.28	
NIGHT	DIFFER	ENTI	AL						М	EDICARE	TAX				φ1.20	
HOLID	AY								FI	EDERAL	TAX		00	A CODE		
OVER <sup>-</sup>	TIME								PI	RIMARY	STATE	TAX				
LUMP	SUM								SI	ECONDA	RY STA	TE TAX		A CODE		
STANE	DBY PRE	MIUN	/ PAY						PI	RIMARY	CITY TA	λX		A CODE		
ONCA	LL PAY								SI	ECONDA	RY CIT	Y TAX		A CODE SHARE		
PHYSI	CIAN/DE	NTIS	T PAY						В	ASIC LIFE	INSUF	RANCE	\$2.3		\$4.65	
SUND	AY PREM	11UM	PAY						Al	ODTL OP	TL INS	JRANCE		9M6	\$26.04	
LIVING	S ALLOW	ANC	E						S	TANDARI	O OPTIO	ONAL LIF	E INSUR	RANCE		
UNIFO	RM ALLO	AWC	NCE						F	AMILY LIF	E INSU	JRANCE			\$16.68	
EARNE	ED INCOI	ME C	REDIT						Н	EALTH B	ENEFIT	S Pre-ta	x YES 🛭	⊠ NO □	φ10.00	
INCEN	TIVE AW	/ARD	S						S	AVINGS I	BONDS					
SES A	WARDS								G	ARAGE						
SATUR	RDAY PR	EMIL	JM PAY	<u>'</u>					T/	AXABLE (	QUART	ERS				
	AL RATE								N	ONTAXA	BLE QU	ARTERS	<b>;</b>			
	NTROLL			TIME					SI	JBSISTE	NCE					
MOVIN	IG EXPE	NSE:	S						P	ARKING I	FEES		050	2 2005		
LOCAL	ITY PAY	•					\$6	5.64	V	DLUNTARY	CONTRI	BUTIONS		DUES CODE		
	TOTAL E	EAR	IINGS /	AND ALLO	WANCES		\$10	4.96	U	NION DU	ES			B999	\$10.59	
					L DEDUCTION		\$7 <sup>,</sup>	1.22	P	OST 1956	MILITA	ARY SER	VICE DE	POSIT		
			PA	Y OF CHE	ECTED OR NE CK CANCELLE		\$3	3.74	TI	HRIFT SA	VINGS				\$5.25	
OF 1114				ATE OF OF1					R	ETIREME	NT	CODE	VA SHARE \$11.23	Ε	\$1.26	
VA FORM 4-1027 NO. DATE OF VA FORM 4-1027									RI	ETIREME	NT (RE-	EMPLOY	ED ANNU	ITANTS)		
104									TI	RANSIT I	BENEFI	Т				
FU	IND OR API	PROPI	RIATION	SYMBOL	REI		FOR ANNU		0	THER DE	DUCTION	ONS				
ACTION ☑ CHE	CK CANCEL	.ED		CASH COL	LECTED	SL	ISPENSE P.	AT NO.				TOT	TAL DED	UCTIONS	\$71.22	
					Bank returned mo			est	TA	XING AUTH	ORITY TO					
PREPA	RED BY						D	ATE	SI	GNATURE	CHIEF	FISCAL/FI	NANCE		DATE	
Name r	equired						2 1	0 01	Si	gnature r	equired				2 10 01	
VA FORM		4-56	42		DES VAFORM 4-464	12 NOV 1		0 - 01 <b>25</b>			Exa	mple #	5 Part 2	2 of 3	2 - 10 - 01 USGPO : 1990 262-755/10	6844

$\omega$	Department of Vet	erans Affa	airs				REQUI	EST FC	R TD FORM	W-2C	
	CUCTIONS: Payment								reasury Department F	orm W-2. I	Prepare this form in
NOTE the TE	: All employees requ	esting corr Offices will	ections sho I update the	ould be eir Mast	notified that the ter W-2 Listing	e original TD f with the corre	orm W-2 mus cted data from	be filed wit Column B.	th the TD Form W-2c w In the case of name, s		
YEAR	BEING CORRECTE			STATIC		CORREC	T EMPLOYEE	STATUS			
200	0			677			DECEASED		PENSION PLAN		EFERRED OMPENSATION
	OYEE'S CURRENT S - 45 - 6789	SOCIALSE	CURITY N	О.			EMI	PLOYER'S	FEDERAL EIN 74-1612		
	OYEE'S NAME AND	ADDRESS	(Include 2	ZIP Cod	de)		EMI		NAME AND ADDRES	S	
	an, Jane RENT ADDRESS	5)							PARTMENT OF VE	ETERANS	S AFFAIRS
	ete ONLY if previous	ly reported			EMPLOYEE'S	SSN (Origina	al) EMP		STIN, TEXAS IAME <i>( As shown as o</i>	riginal)	
inform	ation was incorrect				-	-					
											in Columns A, B, and C
7		ing change EM	e. If employ		A. AS ORIGIN		B. COR		anged, a second VA Fo		ASE) ( B LESS A)
FORM W-2					REPORTE	:D	INFORM	ATION	0:te. te	_ (2_0	
≥	1. WAGES TIPS AN		COMP			23,066.69		3,025.53			(\$41.16)
Σ	2. FED. INC. TAX W					31,915.71	·	1,902.03			(\$13.68)
Ö	3. SOC. SECURITY					25,424.38		,372.37			(\$52.01)
	4. SOC SECURITY		HELD			\$1,576.31		,573.09			(\$3.22)
Ω	5. MEDICARE WAS				\$2	25,424.38		5,372.37			(\$52.01)
2	6. MED. TAX WITH					\$368.65		\$367.90			(\$.75)
	9. ADVANCED EIC							2 2 4 2 2 4			(0.10.05)
Ü	13A. 401K(TSP) (D) 13D NON-TAXABLE				3	32,357.69	\$2	2,346.84			(\$10.85)
Z,	(Moving Expens										
CHANGES	Reimbursements)  14A TAXABLE MER (Moving Expens										
	Reimbursements) 14B TAXABLE EPV										
	(Employer Provi										
	14C PRE-TAX TRN- (Non-taxable)	IRANSII E	BENEFII								
	14D HTH-HEALTH E (Non-taxable)	BENEFIT				\$282.35		\$225.88			(\$56.47)
	17 STATE WAGE	200000			\$2	23,066.69	\$2:	3,025.53			(\$41.16)
	18 STATE TAX WITI	HHELD			Ψ	-0,000.00	ΨΖ	5,020.00			(ψ11.10)
	20. LOCAL WAGE G	SA CODE									
	21. LOCAL TAX WIT	HHELD									
⊢ Z	ITE	ΞM		A. AS	ORIGINALLY I	REPORTED	B. COR		C. INC	CREASE (D	ECREASE)
AEN Y I O	OASDI WAGES				\$2	25,424.38	INFORM				(\$52.01)
ADJUSTMENT TRANSACTION	OASDI TAX WITHH	ELD				S1,576.31		,372.37	1		(\$3.22)
DOL RAN	MEDICARE WAGES					25,424.38		,573.09 5,372.37			(\$52.01)
₹F	MEDICARE TAX WI				Ψ2	\$368.65		\$367.90			(\$.75)
QTR	OASDI WAG			OASDI	TAX		RE WAGES		MEDICARE TAX		(ψ. <i>1</i> 3) APPROPRIATION
1	0.100										
2											
3											
4											
4		52.01)			(\$3.22)		(\$52.01)		(\$.75		
NORM	IAL HOURS 80	PAY BA	SIS 1		DUTY BASIS	3	COST CENT 8224		SUBACCOUNT 25	F	TE EQUIVALENT 0
SEPA	RATION DAY NO.	Q&SS	TATION N	O.	FUND CONTI		DATE OF BI	RTH	PAY PLAN	TY	/PE OF APPOINTMENT
					21		02-14		A		1
	N FOR CORRECTION ( el check-employe						SIGNATUF	RE OF CER	TIFYING OFFCIER		DATE
Rece		- 1.0t Ont		55.			Signatur	e Require	ed		2/11/03

$\infty$	Depart	ment of \	eterans A	Affairs		NC	TICE OF	CH	ECK CA	NCEL	LATIC	ON OR	CASH CO	LLECTION	
то		104/0475E	3)			AND LOCA	TION OF PRE	PARING	G STATION					Station 677	No.
NAME OF E	AUSTIN, EMPLOYEE	IX				SECURITY N	,	1	DATE OF BIRTH	ı	CHEC	CK NO.	DATE OF CHECK		TE
Batman	,	THE ADD	nav nagg	DATES DA GAG		5-6789 MAL HOURS	FORMULE	2-14		COST CEN	eren.	animar.	12-12-00	\$28,309	
212	PAYMAN	TYPE APPT	PAY BASIS	DUTY BASIS	NOR	80	EQUIVALE	0	HOURS	82242		SIBACCOLNI 25	PAY	PP24/00	NI
TSP	STATUS	PERCENT	RESERVED				DIST. OF	EMPLO'	YEE DEDUCTION	ON		GOVERNMEN	NT BASIC	GOVERNMENT	MATCH
	Y	10				GS	100%	F	OFFIARATIO	CS	110		1.08	4.34 T AND L UNI	T.NO.
⊠EMPL	two blocks ap OYEE CURR OLLS	pply check bota ENTLY	7) REEMPLOY ANNUITAN			EMPLOYE SEPARA			SEPARATIO	ON DAY	NO.	O AND	S STATION	I AND L UNI	I NO.
	FΔRI	NINGS AND	) ALLOWAN	ICES	<u> </u>		SS AND DEI	DUCT	IONS DATA		DUCTIO	NS.		AMOUN	ıT
DACE		TINOO AITE	ALLOWA	IOLO			01.04					110		\$3.22	
BASE F	DIFFERE	ΝΤΙΔΙ							DASDI TAX MEDICARE					\$.75	
HOLID		IVII/ (E							EDERAL T					13.68	
											TAV		A CODE		
OVER1									PRIMARY S			GS	200000 A CODE		
LUMP :	SUM							S	SECONDAF	RY STA	TE TAX		A CODE		
STANE	BY PREM	IIUM PAY						P	PRIMARY C	ITY TA	λX	GS	A CODE		
ONCAL	L PAY							S	SECONDAF	RY CIT	Y TAX	VA	SHARE	\$4.81	
PHYSI	CIAN/DEN	ITIST PAY						В	BASIC LIFE	INSUF	RANCE	\$	<b>2.41</b> CODE	Ψ4.01	
SUNDA	Y PREMI	UM PAY						Α	ADDTL OPT	L INS	JRANCE		9M2	\$5.80	
LIVING	ALLOWA	NCE						S	STANDARD	OPTIO	ONAL LII	FE INSUI	RANCE	.40	
UNIFO	RM ALLO	WANCE						F	AMILY LIF	E INSL	JRANCE			1.70	
EARNE	D INCOM	IE CREDIT	-					F	HEALTH BE	NEFIT	S Preta	x YES	⊠ No □	\$56.47	,
INCEN	TIVE AWA	ARDS						S	SAVINGS B	ONDS					
SES A	WARDS							G	GARAGE						
SATUR	DAY PRE	MIUM PA	Y					Т	AXABLE C	UART	ERS				
SPECIA	AL RATE	BASE PAY	,					Ν	NONTAXAB	LE QU	IARTER	S			
	ISTRATIV NTROLLA	ELY BLE OVEF	RTIME					S	SUBSISTEN	ICE					
MOVIN	G EXPEN	ISES						F	PARKING F	EES					
LOCAL	ITY PAY					\$	7.44	V	OLUNTARY (	CONTRI	BUTIONS		C CODE		
	TOTAL E	ARNINGS	AND ALLO	WANCES		\$10	08.48	ι	JNION DUE	S			A001	\$9.50	
		L	ESS-TOTA	L DEDUCTION	1S	\$10	08.48	P	POST 1956	MILITA	ARY SEF	RVICE DE	EPOSIT		
				ECTED OR NE		· ·	0.00	Т	HRIFT SA	/INGS	PLAN			\$10.85	<b>.</b>
OF 1114	NO.		DATE OF OF1			<u></u>			RETIREME		CODE K	VA SHAR \$11.61	E	\$1.30	
VA FORM 4-1027 NO. DATE OF VA FORM 4-1027									RETIREMEN	1			JITANTS)	¥1.00	
HEALTH BENEFITS CODE VA SHARE OF HEALTH BENEFITS \$169.42									RANSIT B				,		
	ND OR APPI	ROPRIATION		- +		FOR ANN	UITY								
ACTION	CK CANCELE	ח	☐ CASH COL	LECTED	SU	JSPENSE F	PAT NO.		OTHER DEI	JUCTI		TAL DED	NICTIONS	\$108.4	8
REASON	FOR CANCE	LLATION OR	COLLECTION	Bank returned mo		ayroll requ	est	T.	AXING AUTHO	DRITY TO			DUCTIONS   FION ONLY		
•	RED BY	enineu l	U FF <b>24</b> /00	zeronetcheck		Г	ATE	.9	SIGNATURE	CHIFF	FISCAI /F	INANCE		DATE	
Name r						_			Signature re		•			2	
	1 Feb 4	50.46	OUDEDOES	S VAFORM 4-4642	NOVIS	2 - 11				•				2 - 11 - 0	
VA F()H/\		n6/17	>UPERSED!	VAEURIVI 4-4642	NU 1 V 1 4 1	n#1	20			I- 4	C D-4	1 2 - 5 2		USGEO 1990 767.	-, 22/INX44

$\omega$	Department of Vel	erans Affa	airs			REQUE	ST FO	R TD FORM W	'-2C	
	RUCTIONS: Payment							reasury Department For	m W-2. Pi	repare this form in
NOTE the TD	: All employees requ	esting corr Offices will	ections sho I update the	uld be notified that ir Master W-2 Listir	the original TD lang with the corre	Form W-2 must lected data from 0	oe filed wit Column B.	h the TD Form W-2c wh In the case of name, SS		
	BEING CORRECTE		5	STATION NO. 540		T EMPLOYEE S DECEASED		PENSION PLAN		FERRED MPENSATION
	OYEE'S CURRENT S	SOCIALSE	CURITY NO	).		EMPI	OYER'S F	FEDERAL EIN		WI LIVOATION
	-12-1212 OYEE'S NAME AND	ADDDESS	C (Includo 7	IIP Codo)		EMDI	OVED'S	74-16122 NAME AND ADDRESS		
ELZN	IER,JACK RENT ADDRESS		(menade 2	iii Gode)		Livii	DEF	PARTMENT OF VET		AFFAIRS
	lete ONLY if previous ation was incorrect	ly reported	l	EMPLOYEE -	'S SSN (Origina -	al) EMPL	OYEE'S N	AME (As shown as ori	ginal)	
								y figures are incorrect, e anged, a second VA For		
		EM	n omploy	A. AS ORIO	GINALLY	B. CORF	RECT			SE) ( B LESS A)
FORM W-2	1. WAGES TIPS AN	_	COMP		\$16,468.96	\$15	846.52			(\$622.44)
≅	2. FED. INC. TAX W				\$2,072.78		,003.74			(\$69.04)
Ö	3. SOC. SECURITY			,	\$16,796.46		141.26			(\$655.20)
	4. SOC SECURITY		HELD		\$1,041.33		,000.71			(\$40.62)
6	MEDICARE WAG     MED. TAX WITH				\$16,796.46		141.26			(\$655.20)
2	9. ADVANCED EIC				\$243.53	\ 	234.03			(\$9.50)
	13A. 401K(TSP) (D)				\$327.50	9	294.74			(\$32.76)
CHANGES	13D NON-TAXABLE				ψ321.30	Ψ	234.74			(ψ32.70)
4	(Moving Expense 14A TAXABLE MER		irsements)							
표	(Moving Expens		ırsements)							
	14B TAXABLE EPV (Employer Prov	rided Vehicl	'e)							
	14C PRE-TAX TRN-									
	(Non-taxable) 14D HTH-HEALTH E	BENEFIT								
	(Non-taxable)	F 4 0 0	200		116 460 OG	Φ1 <i>E</i>	846.52			(\$600.44)
	17 STATE WAGE 18 STATE TAX WIT	5400	JUU	·	\$16,468.96 \$558.71		540.21			(\$622.44) (\$18.50)
	20. LOCAL WAGE G				φυυσ./ 1	φ	340.21			(\$10.50)
	21. LOCAL TAX WIT	HHELD								
ADJUSTMENT TRANSACTION	IT	EM		A. AS ORIGINALI	Y REPORTED	B. CORF		C. INCF	REASE (DE	CREASE)
Σ S S	OASDI WAGES				\$16,796.46	\$16	141.26			(\$655.20)
ŠN.	OASDI TAX WITHHI				\$1,041.33	\$1	,000.71			(\$40.62)
ÁΕ	MEDICARE WAGES				\$16,796.46		141.26			(\$655.20)
	MEDICARE TAX WI				\$243.53		234.03		T	(\$9.50)
qtr 1	OASDI WAG	ES	(	DASDI TAX	MEDICA	RE WAGES	N	MEDICARE TAX	A	PPROPRIATION
2	(\$6	355.20)		(\$40.62	1	(\$655.20)		(\$9.50)		
3	(ψο	00.20)		(ψ+0.02	/	(ψοσο.2σ)		(ψυ.υυ)		
4										
4	AL HOURS	PAY BA	CIC	DUTY BAS	210	COST CENTE	·D	CUDACCOUNT	LET	E EQUIVALENT
NORIV	80	PAYBA	2	DOLLARY	1	8990		SUBACCOUNT 00		e equivalent 0
SEPAI	RATION DAY NO.	Q&SS	TATION NO		TROL POINT	DATE OF BIR 07-14-	TH	PAY PLAN 5	TYF	PE OF APPOINTMENT
	ON FOR CORRECTION byee received pay for			expenses (Cancel Ch	ecks etc.)			TIFYING OFFCIER		DATE
	7-00. Payroll was n			Condition		Signature	Require	ed		2/12/03

	Depai	tment of	Veterans	Affairs		NOTIO	CE OF	CHECK	CAN	NCELI	LATIC	N OR C	ASH COL	LECTION	
ТО	VA FSC AUSTIN	(104/047 I. TX	5B1			AND LOCATION OF THE STREET		RING STATIO	NC					STATION 540	NO.
	EMPLOYEE					SECURITY NO.			E OF BIRT	Ή	СН	ECK NO.	DATE OF CHECK		ATE
ELZNI FCP NO.	ER,JACK PAYHAN	TYPE APPT	PAY BASIS	DUTY BASIS		12-1212 DRMAL HOURS	EQUIVALE	07-14-47 NT MAN HOURS	_	COST CEN	TER	SLBACCOLNI	3-21-00	\$8.41 PERIOD OF OVERPAYM	IENT
000	5 STATUS	7 PERCENT	2 RESERVED	1		80	T OF EMPLO	OXEE DEDUC	TION	89905	56	00 GOVERNMEN	IT BASIC	PP5/00 GOVERNMEN	IT MATCH
TSP			RESERVED						TION	20	=00/				
STATUS(If	two blocks	5 apply check b	oth)		GS	50%	FI		PARATI	CS ON DAY	50% NO.		6.55 S STATION	\$26.2 T AND L UI	
	OYEE CUF	RRENTLY	REEMPLO			□EMPLOYEE SEPARATED	)							239	)
		DNINGS AN	ID ALLOWA			EARNINGS	AND DE	DUCTIONS	S DAT		DUCT	ONG		AMOU	NT
5.05		KNINGS AI	ID ALLOWA	INCES		AMOL \$655.					DUCTI	ONS		\$40.6	
BASE									DI TAX					\$9.5	0
NIGHT	DIFFER	ENTIAL						MEDI	ICARE	ETAX				\$69.0	14
HOLID	AY							FEDE	ERAL	TAX				φυσ.υ	
OVER <sup>-</sup>	TIME							PRIM	IARY S	STATE	TAX		A CODE 540000	\$18.5	50
LUMD	CLIM							2500		RY STA	TE TA		A CODE		
LUMP	SUN												A CODE		
STANE	DBY PRE	MIUM PA	(					PRIM	IARY (	CITY TA	λX	GS	A CODE		
ONCA	LL PAY							SECO	ADNC	RY CIT	Y TAX				
PHYSI	CIAN/DE	NTIST PA	Y					BASI	C LIFE	E INSUF	RANCE		SHARE		
SUND	AY PREN	IIUM PAY					ADD	TL OP	TL INSI	JRANC		CODE			
LIVING	ALLOW	'ANCE					STAN	NDARI	D OPTIO	DNAL L	IFE INSU	RANCE			
UNIFO	RM ALL	OWANCE					FAMI	LY LIF	E INSU	JRANC	E				
EARN	ED INCO	ME CRED	IT					HEAL	_TH B	ENEFIT	S Pre	tax YES	□NO⊠	\$66.7	78
INCEN	TIVE AW	/ARDS						SAVI	NGS E	BONDS					
SES A	WARDS							GAR	AGE						
SATUR	RDAY PR	EMIUM PA	ΑY					TAXA	ABLE (	QUART	ERS				
		BASE PA	Υ					NON.	TAXAI	BLE QU	JARTEF	RS			
	IISTRATI NTROLL	VELY ABLE OVE	RTIME					SUBS	SISTE	NCE					
MOVIN	IG EXPE	NSES						PAR	KING I	FEES					
								VOLUI	NTARY	CONTRI	BUTIONS	3	C CODE		
	TOTAL I	EARNING	S AND ALL	OWANCES		\$655.	20	UNIO	N DU	ES		UNIOI	A001	13.5	0
			LESS-TOT	AL DEDUCTI	ONS	\$258.	.56	POST	T 1956	MILITA	ARY SE	RVICE DE	EPOSIT		
		F		LECTED OR ECK CANCEL	— .	\$396.	.64	THRI	FT SA	VINGS	PLAN			\$32.7	76
OF 1114			DATE OF OF 1	114				RETI	REME	:NIT	CODE K	VA SHAR \$70.11	E	\$7.8	6
VA FORM 4-1027 NO. DATE OF VA FORM 4-1027													HTANITO)	Ψ1.0	<u> </u>
B11957209 7-7-00  HEALTH BENEFITS CODE VA SHARE OF								KEIII	KEIVIEI	NI (KE-	CIVIPLO	YED ANNU	MIANIO)		
105							·v	TRAN	NSIT E	BENEF	IT				
	UK AP	I NOFINIATIO	I O I WIDOL		NEDUCI	TION FOR ANNUIT		OTHE	ER DE	DUCTI	ONS				
ACTION CHE	CK CANCEL	ED	☑ CASH CC	DLLECTED		SUSPENSE PAT	NO.				TO	OTAL DED	UCTIONS	\$258.	56
			R COLLECTION 2000 check		<u> </u>			TAXIN	G AUTH	IORITY TO	O RECEIV	E INFORMAT	TION ONLY	Ψ200.	
	RED BY	W PP 3	ZUUU CIIECI	7		DAT	E	SIGNA	ATURE	CHIEF	FISCAL/	FINANCE		DATE	<u> </u>
Name	Require	d				2 11	01	Signa	ature F	Required	t			2 11	01
VA FORI	M (DO)	4-5642	SUPERS	EDES VAFORM 4	-4642 NO	2 - 11 V 1989	31			Exam	ple #	7 Part	2 of 3	2 - 11 - USGPO : 1990 26	

M	Department of Vet	erans Affa	airs			REQI	UES	T FOF	R TD FORM W	-2C	
	UCTIONS: Payment								easury Department For	n W-2.	Prepare this form in
NOTE:	: All employees requ	esting corr	ections sho	uld be notified that th	e original TD F	orm W-2 n	nust be	e filed with	the TD Form W-2c whe	en appli	cable. Upon receipt of
the TD impera	Form W-2c, Payroll tive that action be tal	Offices will ken at the f	update the	ir Master W-2 Listing to correct the Employ	yee's Master R	Record and	Update	e necessa	In the case of name, SS ary files.	N, or a	ddress change, it is
	BEING CORRECTED	)		STATION NO.	CORREC	T EMPLOY		ATUS	PENSION PLAN	7 -	DEFERRED
2000				800		DECEAS		$\boxtimes$			COMPENSATION
	OYEE'S CURRENT S - <b>22 - 2222</b>	SOCIALSE	CURITY NC	).			EMPLO	DYER'S F	EDERAL EIN 74-16122	229F	
	OYEE'S NAME AND	ADDRESS	(Include Z	IP Code)		E	EMPLO		NAME AND ADDRESS PARTMENT OF VET	CDAN	C AFFAIDC
	np, Forest RENT ADDRESS	6)						DEF	ARTIVIENT OF VET	ERAN	3 AFFAIRS
(		,						AUS	TIN, TEXAS		
	ete ONLY if previous	ly reported		EMPLOYEE'S	SSN (Origina	al) E	MPLO	YEE'S NA	AME (As shown as orig	inal)	
inform	ation was incorrect			-	-						
									rfigures are incorrect, en nged, a second VA Forr		a in Columns A, B, and C must be submitted.
2	IT	EM		A. AS ORIGI REPORT			CORRE		C. INCREASE	(DECRE	EASE) ( B LESS A)
Υ٠.	1. WAGES TIPS AN	D OTHER	COMP		29,656.08			21.68			(\$1,134.40)
FORM W-2	2. FED. INC. TAX W	/ITHHELD			\$3,103.60			940.51			(\$163.09)
OR	3. SOC. SECURITY	WAGES		\$3	31,736.08	(	\$30,5	521.68			(\$1,214.40)
	4. SOC SECURITY		HELD		\$1,967.59			392.30			(\$75.29)
TD	5. MEDICARE WAG			\$3	31,736.08	Ş		21.68			(\$1,214.40)
TO	MED. TAX WITH      ADVANCED EIC				\$460.18		\$ 4	142.57			(\$17.61)
	13A. 401K(TSP) (D)	TATIVILINI			\$2,080.00		\$20	00.00			(\$80.00)
CHANGES	13D NON-TAXABLE	MER (P)		`	\$2,000.00		φ Ζ,υ	00.00			(\$60.00)
Z	(Moving Expense) 14A TAXABLE MER		rsements)								
Ä	(Moving Expens	ses Reimbu	rsements)								
_ `	14B TAXABLE EPV (Employer Prov	ided Vehicle	e)								
	14C PRE-TAX TRN- (Non-taxable)	TRANSIT E	BENEFIT								
	14D HTH-HEALTH B	ENEFIT									
	(Non-taxable) 17 STATE WAGE	0600	100	\$1	29,656.08		\$28 5	521.68			(\$1,134.40)
	18 STATE TAX WITH		,00	Ψ2	\$246.15	`	_	219.14			(\$27.01)
	20. LOCAL WAGE G	SA CODE			<del>+</del> = :::::		•				(+=:::-)
	21. LOCAL TAX WIT	HHELD									
58	IT	EM		A. AS ORIGINALLY	REPORTED		CORRE		C. INCR	EASE ([	DECREASE)
MEN	OASDI WAGES			\$3	31,736.08			21.68			(\$1,214.40)
NSA	OASDI TAX WITHHE	ELD		0)	\$1,967.59		\$1,8	392.30			(\$75.29)
ADJUSTMENT TRANSACTION	MEDICARE WAGES			\$3	31,736.08	0,		21.68			(\$1,214.40)
	MEDICARE TAX WI				\$460.18			142.57		1	(\$17.61)
0TR 1	OASDI WAG	ES	C	DASDI TAX	MEDICA	RE WAGES	S	M	IEDICARE TAX		APPROPRIATION
3	(\$1,2	14.40)		(\$75.29)		(\$1,214.4	40)		(\$17.61)		00160
4		,		,					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4 NORM	IAL HOURS	PAY BA	SIS	DUTY BASIS	<u> </u> 	COST CE	FNTFR	2	SUBACCOUNT	 	TE EQUIVALENT
	80		D		1		422		65	'	0
SEPA	RATION DAY NO.	Q & S S	TATION NO			DATE OF			PAY PLAN	T	YPE OF APPOINTMENT
DEV60	N FOR CORRECTION (	I ate record:	na of movine		)9 ks etc.)	_	-03-5		A IFYING OFFCIER		5 DATE
OWCF	P LEAVE BUYBACK	PP14/00	OWCP pa	aid 12-22-00 & empl	loyee paid						
12-29-	-00.					Signa	ture F	Require	d		2/12/03

	Departm	nent of V	eterans A	ffairs		NOI	ICE OF	CHECK	CANCE	LLATIC	ON OR	CASH COL	LECTION
	VA FSC (1 AUSTIN, T		3)			NAME AND LOCATION NAME AND LOCATION NAME LONG BE		PARING STATIO	N				Station No. 600
NAME OF E	MPLOYEE				5	SOCIAL SECURITY NO.		DATE OF	BIRTH	CHEC	CK NO.	DATE OF CHECK	SALARY RATE
Gump FCP NO.	, Forest	TYPE APPT	PAY BASIS	DUTY BAS		222-22-222 NORMAL HOURS	EQUIVALEN	04-03-55	COST CI	ENITED	SUBACCOUNT	7-25-00	\$31,688.00 ERIOD OF OVERPAYMENT
509	Α	5	D	1 1	is	80		0	8242		65		PP 14/00
	STATUS	PERCEN T	RESERVED			DIST	. OF EMPLOY	EE DEDUCTION			GOVERNM	IENT BASIC	GOVERNMENT MATCH
TSP	Y	\$80.00			GS	50%			cs	E00/		¢1014	\$48.58
	wo blocks app	ly check both	I i) REEMPLOYE ANNUITANT	D	<u> </u>	EMPLOYEE SEPARATEI		SEPA	RATION DA	50% Y NO.	O AN	\$12.14 ID S STATION	T AND L UNIT NO. 239
ON K	OLLS		ANNOTTANT					DUCTIONS D	ATA				
	EARN	INGS AND	ALLOWANG	CES		AMOU			D	EDUCTIO	NS		AMOUNT
BASE F	PAY					\$819	1.20	OASDI	TAX				\$75.29
NIGHT	DIFFEREN	ITIAL						MEDICA	ARE TAX				\$17.61
HOLIDA	ΑY							FEDER	AL TAX		1 00	M 00DE	\$163.09
OVERT	IME							PRIMAF	RY STATE	TAX	(	SA CODE 060000	\$27.01
LUMP S	SUM							SECON	DARY ST	ATF TAX		SA CODE	
	BY PREMI	UM PAY							RY CITY T			SA CODE	
ONCAL									DARY CIT		GS	SA CODE	
PHYSIC	CIAN/DENT	TIST PAY						BASIC I	LIFE INSU	IRANCE	VA <b>\$2</b> .	SHARE 64	\$5.27
SUNDA	Y PREMIU	JM PAY						ADDTL	OPTL INS	SURANCE		CODE	
LIVING	ALLOWAN	NCE						STAND	ARD OPT	IONAL LII	FE INSU	RANCE	
UNIFOR	RM ALLOW	/ANCE						FAMILY	LIFE INS	URANCE			
EARNE	D INCOME	CREDIT						HEALTH	H BENEFI	TS Pre-ta	ax YES	□ NO ⊠	\$30.04
INCEN	TIVE AWAF	RDS						SAVING	SS BONDS	3			
SES AV	VARDS							GARAG	iΕ				
SATUR	DAY PREM	MIUM PAY	′					TAXABI	LE QUAR	TERS			
	AL RATE B					\$395	5.20	NONTA	XABLE Q	UARTERS	S		
	NTROLLAB		TIME					SUBSIS	STENCE				
	G EXPENS	SES						PARKIN	IG FEES				
LOCAL	ITY PAY							VOLUNTA	ARY CONTR	RIBUTIONS		N DUES CODE	
	TOTAL EA	RNINGS	AND ALLOW	/ANCES		\$1,21	4.40	UNION	DUES		UNIO	B999	\$10.00
		L	ESS-TOTAL	DEDUC	TIONS	\$422	.88	POST 1	956 MILIT	ARY SEF	RVICE DI	EPOSIT	
			ASH COLLE				.52	THRIFT	SAVINGS	S PLAN			\$80.00
OF 1114 NO. DATEOF OF 1114  K0B5360 12-22-00								RETIRE	MENT	CODE K	VA SHAF \$129.94	RE	\$14.57
VA FORM 4-1027 NO. DATE OF VA FORM 4-1027 12-22-00 & 12-29-00								RETIRE	MENT (RE	-EMPLOY	ED ANN	JITANTS)	
104	BENEFITS CO	F	'A SHARE OF IEALTH BENEFI	ıтs <b>\$78</b> .8				TRANS	IT BENEF	-IT			
	ND OR APPRO	OPRIATION : 0160	SYMBOL		REDU	ICTION FOR ANNUI		OTHER	DEDUCT	IONS			
	K CANCELED		☑ CASH COLLE	ECTED		SUSPENSE PA	T NO.					DUCTIONS	\$422.88
OWCP Le	ave Buy back		COLLECTION						UTHORITY 1			HON ONLY	
PREPAI	RED BY					DAT	IE	SIGNATI	JRE CHIEF	FISCAL/F	INANCE		DATE
Name F	Required	E640	el IDEDO	EDES VAFO	DM 4 40	02 - 11			ignature l				02 - 11 - 01 JSGPO : 1990 262-755/16844
VALURIVI	4-	5642	SUPERSI	LULO VAFU	11 XIVI 4-40	74 INOV 1808	2/	Eva	mnla#	x Dart	7 Af	-z (	JUULU . 1990 202-199/10044

M	Department of Vet	erans Affa	airs			REQUEST FOR TD FORM W-2C								
	INSTRUCTIONS: Payment Office personnel will prepare this form to correct errors in VA employee's original Treasury Department Form W-2. Prepare this form in duplicate. Fax the completed request form to VAFSC, Austin, TX at (512) 460-5507, ATTN: W-2C Desk.													
	NOTE: All employees requesting corrections should be notified that the original TD Form W-2 must be filed with the TD Form W-2c when applicable. Upon receipt of													
the TD	: All employees requ ) Form W-2c, Payroll ative that action be ta	Offices wil	I update th	neir Maste	er W-2 Listing	with the corre	ected data fr	rom Co	olumn B.	In the case of name,	when applic SSN, or ac	cable. Upon receipt of Idress change, it is		
YEAR	BEING CORRECTE		noia otatio	STATIO			T EMPLOY	EE ST						
200				200			DECEASED PENSION PLAN DEFERRED COMPENS.							
	OYEE'S CURRENT S	SOCIALSE	CURITY N	<b>1</b> O.				EMPLOYER'S FEDERAL EIN 74-1612229F						
	- 12 - 6789 OYEE'S NAME AND	ADDRESS	S (Include	ZIP Cod	re)			EMPLO	OYER'S I	7 4- 10 1 NAME AND ADDRES				
Jame	s, Robin		(	000	•/					PARTMENT OF V		S AFFAIRS		
(CUF	RENT ADDRESS	S)							ΔΗς	STIN, TEXAS				
								AGOTIN, TEXAG						
	lete ONLY if previous ation was incorrect	ly reported	i		EMPLO	YEE'S NA	AME (As shown as o	original)						
NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Colu														
only to		ing change EM	e. If emplo		more than on A. AS ORIGIN		I Taxing Authority to be char B. CORRECT					must be submitted. EASE) ( B LESS A)		
3	110	=IVI		,	REPORTE			RMAT		C. INCREAS	SE (DECRE	( B LESS A)		
FORM W-2	1. WAGES TIPS AN	-	COMP		\$1	17,362.88	Ç	\$17,2	279.85			(\$83.0	13)	
₽	2. FED. INC. TAX W													
Ö	3. SOC. SECURITY					19,012.76	\$18,924.48			(\$88.28)				
10.	4. SOC SECURITY		HELD			\$1,178.84	1		73.37	(\$5.47)				
	MEDICARE WAG     MED. TAX WITHI				\$1	19,012.76	\$18,924.48 \$274.42			(\$88.28)				
2	9. ADVANCED EIC					\$275.70		\$∠	274.42	(\$1.28				
S	13A. 401K(TSP) (D)	7,111112141				\$1,649.88		\$1 A	644.63			(\$5.2	5)	
CHANGES	13D NON-TAXABLE					φ1,0 <del>1</del> 3.00		Ψ1,0	74.00			(ψ3.2	.0)	
₫	(Moving Expens Reimbursements)	es												
꾸	14A TAXABLE MER													
	(Moving Expens Reimbursements)	es												
	14B TAXABLE EPV (Employer Provi	ded Vehicle	e)											
	14C PRE-TAX TRN-													
	(Non-taxable) 14D HTH-HEALTH E	BENEFIT				\$83.40		\$	66.72			(\$16.6	38)	
	(Non-taxable) 17 STATE WAGE					<b>400</b>	·			, , ,				
	18 STATE TAX WITI	HHELD												
	20. LOCAL WAGE G	SA CODE												
	21. LOCAL TAX WIT	HHELD												
μZ	ITE	ΞM		A. AS	ORIGINALLY	REPORTED	B. CORRECT			C. IN	CREASE (C	DECREASE)		
MEN	OASDI WAGES				\$1	19,012.76	\$18,924.48			(\$88.28)				
JST VSAC	OASDI TAX WITHH	ELD				\$1,178.14	\$18,924.48			(\$5.47)				
ADJUSTMENT TRANSACTION	MEDICARE WAGES	;				19,012.76			924.48	(\$88.28)				
~ ⊢	MEDICARE TAX WI	THHELD			Ψ	\$275.70	`		274.42	(\$1.28)				
QTR	OASDI WAG	ES		OASDI	TAX		RE WAGES			IEDICARE TAX		APPROPRIATION		
1														
3														
4														
4 (\$88.28) (\$5.47) (\$88.28) (\$1.28)														
NORN	I <u> </u>	PAY BA	SIS		DUTY BASIS	<u>1                                    </u>		(⊅88.∠8)   COST CENTER		SUBACCOUNT	,	FTE EQUIVALENT		
SEDA	80 RATION DAY NO.	0899	A TATION N	10	FUND CONT			194910 DATE OF BIRTH		PAY PLAN	  -	0 YPE OF APPOINTMENT		
SEFA	IVATION DAT NO.	QQSS	'IVIION I	<b>1</b> 0.	11			- 12-4		A A	1			
	ON FOR CORRECTION				es (Cancel Check	ks etc.)	SIGNA			TIFYING OFFCIER	DATE			
Cash 12-27	collection-employ 7-00.	ee not e	ntitled Pl	P24/00.	Employee	paid bill on		ture F	Require	d		2/12/03		
							9			-	2, 12, 30			

	Depart	tment of	Vetera	ns Af	fairs		NOTICE OF CHECK CANCELLATION OR CASH COLLECTION										
ТО	VA FSC (104/0475B)  AUSTIN, TX  NA A						Austin,		PARING	STATION		Station No. 200					
NAME OF EMPLOYEE SO							SECURITY NO			DATE OF BIRT	TH	CHEC	CK NO.	NO. DATE OF CHECK 12-12-00		SALARY RATE	
James, Robin 12 FCP NO. BAYHAN TYPE APPT PAY BASIS DUTY BASIS										12-12-43  MAN HOURS COST CENT			TER SUBACCOUNT			\$27,831.00 OVERPAYMENT	
111	A	1 PERCENT	A	VED	1		80		0	EE DEDUC	1949	10	07 GOVERNME	INT DACIC	PP2	4/00 VERNMENT MATCH	
TSP	TSP									EE DEDUC					90		
STATUS(If	two blocks a	pply check b	oth)				GS	100%	FI	SEPARAT	CS ION DAY	NO.		1.05 S STATION	T.	420 AND L UNIT NO.	
⊠EMPL	OYEE CURI		REEM	PLOYEI	)		EMPLOYE SEPARAT									123	
		NINO A			F0		EARNING	S AND DEI	DUCTIO	ONS DAT		DUCTIO	NO.			AMOUNT	
		NINGS A	ND ALLO	WANC	ES			OUNT 8.32	+			AMOUNT \$5.47					
BASE										ASDI TAX					\$1.28		
NIGHT	DIFFERE	ENTIAL							MI	EDICARE	ETAX					•	
HOLID	AY								FE	DERAL	TAX		GS	A CODE			
OVER*	ГІМЕ								PF	RIMARY	STATE	TAX					
LUMP	SUM								SE	ECONDA	RY STA	TE TAX		A CODE			
STANE	BY PRE	MIUM PA	ſ						PF	RIMARY	CITY TA	λX	GSA	A CODE			
ONCA	LL PAY								SE	ECONDA	RY CIT	Y TAX	GSA	A CODE			
PHYSI	CIAN/DEI	NTIST PA	Y						BA	BASIC LIFE INSURANCE \$2.33						\$4.65	
SUND	AY PREM	IUM PAY							Αſ	ADDTL OPTL INSURANCE 9M6						\$26.04	
LIVING	S ALLOW/	ANCE							ST	STANDARD OPTIONAL LIFE INSURANCE							
UNIFO	RM ALLC	WANCE							FA	AMILY LII	FE INSU	JRANCE					
EARNED INCOME CREDIT									НЕ	HEALTH BENEFITS Pre-tax YES ⊠ NO □						\$16.68	
INCEN	TIVE AW	ARDS					SAVINGS BONDS										
SES A	WARDS								G/	GARAGE							
SATUR	RDAY PRI	EMIUM P	ΑY				TAXABLE QUARTERS										
SPECI	AL RATE	BASE PA	·Υ				NONTAXABLE QUARTERS										
	IISTRATI NTROLL <i>A</i>	VELY ABLE OVE	RTIME						SI	JBSISTE	NCE						
MOVIN	IG EXPE	NSES							PA	PARKING FEES							
LOCAL	ITY PAY						\$6	66.64 VOLUNTARY CONTRIBUTIONS CFC CODE									
	TOTAL E	ARNING	S AND A	LLOW	ANCES		\$10	4.96	UI	UNION DUES B999						\$10.59	
					DEDUCTION	NS	\$71.22 POST 1956 MILITARY S					ARY SEF	SERVICE DEPOSIT				
CASH COLLECTED OR NET PAY OF CHECK CANCELLED							\$3:	3.74	TH	HRIFT SA	VINGS			\$5.25			
OF 1114 K0B1234	OF 1114 NO. DATE OF OF1114						+3.							≣		\$1.26	
VA FORM	NB 12-05-00									RETIREMENT   K   \$11.23  RETIREMENT (RE-EMPLOYED ANNUITANTS)						ψ1.40	
HEALTH	HEALTH BENEFITS CODE VA SHARE OF									RANSIT I	•			,			
							FOR ANNU	JITY									
ACTION							JSPENSE P	AT NO.	0	THER DE	חטטוו			UCTIONS		\$71.22	
CHECK CANCELED SAC CASH COLLECTED  REASON FOR CANCELLATION OR COLLECTION Bank returned money								est	TA	XING AUTH	IORITY TO						
	NED BY	tentitled	to PP24	1/00 pa	ay. Paid bill on	12-27-00		ATE	01/	GNATURE	CUIEE	ļ		DATE			
	equired						U	¬IE		gnature r		IOUAL/F	IIVAINUE			UMIC	
VA FORM								0 - 01							2 - 10 - 01		

M	Department of Vel	terans Affa	airs			REQUEST FOR TD FORM W-2C								
	RUCTIONS: Paymen ate. Fax the complet									reasury Department Fo	m W-2.	Prepare this form in		
NOTE the TD	: All employees requ	esting corr Offices will	ections sho I update the	uld be notified th	at the	e original TD F with the corre	orm W-2 r	must be	e filed with	In the case of name, S		cable. Upon receipt of ddress change, it is		
	BEING CORRECTE		5	STATION NO. 540	прю	T EMPLOY	EMPLOYEE STATUS DECEASED PENSION PLAN DEFERRED COMPENSATION							
	OYEE'S CURRENT	SOCIALSE	CURITY NO	).			EMPLOYER'S FEDERAL EIN							
_	- 33 - 4567	4000000	· / / / -	7/D O / )			EMBL	0)/50/0	74-1612					
Doe,	OYEE'S NAME AND Jane RENT ADDRESS		5 (Include 2	(IP Code)			EMPLOYER'S NAME AND ADDRESS DEPARTMENT OF VETERANS AFFAIRS							
	ete ONLY if previous ation was incorrect	sly reported	l	EMPLOY -	EE'S	al) E	AUSTIN, TEXAS  EMPLOYEE'S NAME (As shown as original)							
NOTE only to	: If previously reporte	ed money fig	gures were	correct, DO NOT	mak	ke any entries State or Local	in this sect	tion. If	monetary to be cha	/ figures are incorrect, on nged, a second VA For	enter dat	a in Columns A, B, and C		
		EM		A. AS O	RIGII	NALLY	B. CORRECT INFORMATION			C. INCREASE (DECREASE) ( B LESS A)				
FORM W-2	1. WAGES TIPS AN	ND OTHER	COMP											
Σ	2. FED. INC. TAX V	VITHHELD												
뜻	3. SOC. SECURITY	/ WAGES			\$1	16,796.46		\$16, <sup>1</sup>	141.26	(\$655.20)				
	4. SOC SECURITY	TAX WITH	HELD			31,041.33			000.71	(\$40.62)				
2	5. MEDICARE WAG	GES			\$1	16,796.46	\$16,141.26			(\$655.20)				
2	6. MED. TAX WITH	HELD				\$243.53	\$234.03					(\$9.50)		
	9. ADVANCED EIC	PAYMENT										( )		
Ω	13A. 401K(TSP) (D)													
CHANGES	13D NON-TAXABLE													
⊴	(Moving Expen- 14A TAXABLE MER		irsements)											
끙	(Moving Expen-		ırsements)											
_	14B TAXABLE EPV (Employer Prov		'e)											
	14C PRE-TAX TRN-	- TRANSIT E	BENEFIT											
	(Non-taxable) 14D HTH-HEALTH E	BENEFIT												
	(Non-taxable)													
	17 STATE WAGE  18 STATE TAX WIT	חחבו ט												
	20. LOCAL WAGE O													
	21. LOCAL TAX WIT													
		TEM		A. AS ORIGINA	111 Y	REPORTED	B (	CORRI	CT	C INCE	REASE (F	DECREASE)		
ADJUSTMENT TRANSACTION				77.0 01.1.0.1.0		TEL OTTED		DRMA1		0.11401	(L) (CL (L	DEGRETIOE)		
Ϋ́	OASDI WAGES				\$1	16,796.46	\$16,141.26			(\$655.20)				
NNS/	OASDI TAX WITHH	ELD				31,041.33			000.71	(\$40.62)				
δţ	MEDICARE WAGES	3				6,796.46			141.26	(\$655.20)				
	MEDICARE TAX WI	THHELD				\$243.53			234.03			(\$9.50)		
QTR	OASDI WAG	ES	(	DASDI TAX			RE WAGE			IEDICARE TAX		APPROPRIATION		
1														
2	(\$6	355.20)		(\$40.6	32)		(\$655.	.20)		(\$9.50)				
3														
4														
_	IAL HOURS	PAY BA		DUTY BASIS			COST CENTER			SUBACCOUNT	FTE EQUIVALENT			
SEDA	80 RATION DAY NO.	0850	2 TATION NO	) FIND C	ן ידוא∩	ROL POINT		899056 F OF BIRTH 07-14-47		00	O TYPE OF APPOINTMENT			
SEPA	MATION DAY NO.	Q & S S	TATION NO	). FUND C	00					PAY PLAN TYPE 5		7		
Emplo	ON FOR CORRECTION byee received pay for	(Late recordi or PP 5 200	ing of moving 00. On LW	expenses (Cancel OP and not ent	Check	(s etc.)	SIGNA	SIGNATURE OF CERTIFYING OFFCIER DATE						
01-05	-01.					Signa	Signature Required 2/12/03							

(VZ)	Depar	tment of	Vete	rans I	Affairs	NOTICE OF CHECK CANCELLATION OR CASH COLLECTION											TION		
ТО		(104/0475	B1						of prepa RGINIA	RING STATI	ION			STATION NO. 540					
Add lift, IX								ITY NO.	KOII VII I	DAT	E OF BIR	ТН	CHI	ECK NO.	DATE OF CHEC	CK	SALARY RATE		
Doe, Jane 123										07-14-4					3-21-00		\$8.41		
FCP NO. 000							NORMAL HOURS EQUIVALENT				S	COST CEI 8990		SUBACCOUNT 00	PA		DF OVERPAYMENT P5/00		
TSP	STATUS	PERCENT	RE	SERVED			DIST. OF EMP			OYEE DEDUC	CTION	1		GOVERNMEN	NT BASIC	(	GOVERNMENT MATCH		
						G	GS 50%				cs				6.55				
	two blocks a OYEE CUR	apply check bo RENTLY		EEMPLO	YED		EMPLOYEE			SE	SEPARATION DAY			O AND	S STATION		T AND L UNIT NO. 239		
ON F	ROLLS		Al	NATIUNN	IT			EPARATEI RNINGS		DUCTION	S DAT	Ά							
	EAF	RNINGS AN	ID AL	LOWA	NCES			AMO	JNT			D		AMOUNT					
BASE	PAY							\$655	.20	OAS	DI TA	Х		\$40.62					
NIGHT	DIFFER	ENTIAL								MED	ICAR	E TAX					\$9.50		
HOLID	AY									FED	ERAL	TAX			A 0005				
OVER	ГІМЕ									PRIN	MARY	STATE	TAX		A CODE				
LUMP	SUM									SEC	ONDA	ARY ST	ATE TAX	X	A CODE				
STANE	BY PRE	MIUM PAY	,							PRIN	MARY	CITY T	AX		A CODE				
ONCAL	L PAY									SEC	ONDA	ARY CIT	Y TAX		A CODE				
PHYSI	CIAN/DE	NTIST PA	Y							BAS	BASIC LIFE INSURANCE								
SUNDA	AY PREM	IIUM PAY								ADD	TL OF	PTL INS	URANC		CODE				
LIVING	ALLOW	ANCE								STA	NDAR	D OPT	IONAL L	IFE INSU	RANCE				
UNIFO	RM ALLO	OWANCE								FAM	IILY LI	FE INS	URANC	E					
EARNE	ED INCO	ME CRED	Т							HEA	LTH E	BENEFI	TS Pre	e-tax YES	□NO⊠		\$66.78		
INCEN	TIVE AW	ARDS						SAVINGS BONDS											
SES A	WARDS							GARAGE											
SATUR	RDAY PR	EMIUM PA	Υ				TAXABLE QUARTERS												
	AL RATE	BASE PA	Υ				NONTAXABLE QUARTE							RS					
		ABLE OVE	RTIM	IE						SUB	SUBSISTENCE								
MOVIN	IG EXPE	NSES								PAR	PARKING FEES CFC CODE								
										VOLU	JNTAR	Y CONTR	BUTIONS	S					
	TOTAL E	EARNINGS	S AND	ALLO	WANCES		\$655.20			UNIC	ON DU	JES		A001		13.50			
LESS-TOTAL DEDUCTIONS								\$171	.02	POS	T 195	6 MILIT							
CASH COLLECTED OR NET PAY OF CHECK CANCELLED								\$484	.18	THR	IFT S	AVINGS			_		\$32.76		
OF 1114 NO. DATE OF 0F1114  K0B5360 4-5-00										RET	RETIREMENT K \$70.11					\$7.86			
B1195			01-0	)5-01	FORM 4-1027					RETI	IREME	NT (RE	-EMPLO	YED ANNU	JITANTS)				
105	BENEFITS		HEAL		FITS \$142					TRA	TRANSIT BENEFIT								
FUND OR APPROPRIATION SYMBOL REDUC								OR ANNUI	ТҮ	ОТН	IER D	EDUCT							
ACTION ☐ CHECK CANCELED ☐ CASH COLLECTED								PENSE PA	ΓNO.		OTHER DEDUCTIONS  TOTAL DEDUCTIONS						\$171.02		
		to PP 5								TAXIN	NG AUT	HORITY T	O RECEIV	'E INFORMAT	TION ONLY				
PREPA	RED BY Required							DAT		l l		E CHIEF Require		FINANCE			DATE		
VA FORM	Л	DES VAFORM	4-4642 N	OV 1989	2 - 11	- 01 <b>40</b>			Even	anla #	40 Dord	2 of 3	USGP	2 - 11 - 01 O : 1990 262-755/16844					

M	Department of Veto	erans Affa	airs				REQ	UES	ST FOR	R TD FORM W-	2C	
	UCTIONS: Payment ate. Fax the complete									easury Department Forn	n W-2. Pre	epare this form in
the TD		Offices will	update the	ir Maste	er W-2 Listing	with the corre	cted data	from C	olumn B.	n the TD Form W-2c whe In the case of name, SS ary files		
	BEING CORRECTED		5	STATIO 600		CORREC		YEE S		PENSION PLAN		ERRED IPENSATION
	OYEE'S CURRENT S	OCIALSE	CURITY NO	D.		1		EMPL	OYER'S F	EDERAL EIN		
	- 44 - 4444									74-16122	29F	
Gum	DYEE'S NAME AND A p, Jane RENT ADDRESS		6 (Include Z	IP Code	e)			EMPL	DEP	NAME AND ADDRESS PARTMENT OF VET	ERANS A	AFFAIRS
										STIN, TEXAS		
	ete ONLY if previousl ation was incorrect	y reported			EMPLOYEE'S -	SSN (Origina -	al) I	EMPLO	YEE'S N	AME <i>( As shown as orig</i>	inal)	
										figures are incorrect, er nged, a second VA Forn		
		EM	. II employ		A. AS ORIGIN			CORRI		C. INCREASE (		
FORM W-2					REPORTE	D	INFO	ORMAT	TION	,		
>	1. WAGES TIPS AN		COMP									
SM.	2. FED. INC. TAX W											
Ö	3. SOC. SECURITY					1,736.08			521.68			(\$1,214.40)
) F	4. SOC SECURITY		HELD			1,967.59			392.30			(\$75.29)
TD	5. MEDICARE WAG				\$3	1,736.08			521.68			(\$1,214.40)
T0	6. MED. TAX WITH					\$460.18		\$ 4	142.57			(\$17.61)
	9. ADVANCED EIC I	PAYMENT										
CHANGES	13A. 401K(TSP) (D)	MED (D)										
ž	13D NON-TAXABLE (Moving Expens		rsements)									
₹	14A TAXABLE MER											
Ċ	(Moving Expens	ses Reimbu	rsements)									
	(Employer Provi											
	14C PRE-TAX TRN- (Non-taxable)	TRANSIT I	BENEFIT									
	14D HTH-HEALTH B	ENEFIT										
	(Non-taxable) 17 STATE WAGE											
	18 STATE TAX WITH	HHFI D										
	20. LOCAL WAGE G											
	21. LOCAL TAX WIT											
		EM		A. AS	ORIGINALLY	REPORTED	В	CORRI	-CT	C. INCR	EASE (DEC	REASE)
TOOL							INFO	ORMAT	ION			,
TME	OASDI WAGES					1,736.08			521.68			(\$1,214.40)
ADJUSTMENT TRANSACTION	OASDI TAX WITHHE					1,967.59			392.30			(\$75.29)
AD TR	MEDICARE WAGES				\$3	1,736.08			521.68			(\$1,214.40)
	MEDICARE TAX WIT					\$460.18	DE 14/4 05		142.57	EDIOADE TAY		(\$17.61)
qtr 1	OASDI WAGI	ES	(	DASDI 1	TAX	MEDICA	RE WAGE	:S	N	IEDICARE TAX	AP	PROPRIATION
2												
3	(¢1.2	14.40)			(\$75.29)		(\$1,214	40)		(\$17.61)		00160
4	(Φ1,Ζ	14.40)			(\$75.29)		(Φ1,Ζ14	.40)		(\$17.01)		00100
4												
NORM	AL HOURS <b>80</b>	PAY BA	sis D		DUTY BASIS		COST C	2422		SUBACCOUNT 65	FTE	EQUIVALENT 0
SEPA	RATION DAY NO.	Q&SS	TATION NO	).	FUND CONTE		DATE O			PAY PLAN	TYPE	OF APPOINTMENT
DEAGG	N FOR CORRECTION	7 -4 "			50			-03-		A		5
OWCF	N FOR CORRECTION ( P LEAVE BUYBACK	Late recordi PP14/00	ng of moving . OWCP p	expense aid 01-	es (Cancel Check 05-01 & emplo	s etc.) oyee paid	SIGNA	ATURÉ	OF CERT	TFYING OFFCIER		DATE
01-09-			·		·		Signa	ature	Require	d		2/12/03

$\langle \Sigma \rangle$	Departm	nent of V	eterans A	ffairs		N	OT	ICE OF	CHECK	CANCE	LLATIC	ON OR	CASH COL	LECTION
ТО	VA FSC (1 AUSTIN, T		3)			NAME AND LOG VAMC Long			PARING STATION	ON				600
NAME OF E		Λ				SOCIAL SECURITY		, , ,	DATE OF	BIRTH	CHEC	CK NO.	DATE OF CHECK	SALARY RATE
Gump.	, Jane	TYPE APPT	PAY BASIS	DUTY B	ASIS	444-44-444 NORMAL HOURS		FOUIVALE	04-03-55 NT MAN HOURS	COST	ENTER	SLBACCOLNI	7-25-00	\$31,688.00
509	A	5 PERCEN	D RESERVED	1		80			0 YEE DEDUCTION	824		65 GOVERNME		PP 14/00  GOVERNMENT MATCH
TSP	314103	T	RESERVED				וטוטו.	OF EMPLOT	T DEDUCTION			GOVERNINI	ENT BASIC	GOVERNIVIENT WATCH
	Υ	\$80.00			GS	50%		FI		cs	50%		\$12.14	\$48.58
⊠EMPL	two blocks app OYEE CURRE		REEMPLOYE			☐EMPLO			SEPA	ARATION DA	Y NO.	O AN	D S STATION	T AND L UNIT NO. 239
ON F	ROLLS		ANNUITANT			SEPAR <b>EARNIN</b>			UCTIONS D	ATA				
	EARN	INGS AND	ALLOWAN	CES			MOU			[	DEDUCTIO	NS		AMOUNT
BASE F	PAY					•	819.	20	OASDI	TAX				\$75.29
NIGHT	DIFFEREN	ITIAL							MEDICA	ARE TAX				\$17.61
HOLID	AY								FEDER	AL TAX		1 00	4.0005	
OVER1	TIME								PRIMA	RY STATI	ETAX		A CODE	
LUMP :	SUM								SECON	IDARY ST	TATE TAX		A CODE	
STAND	BY PREMI	UM PAY							PRIMA	RY CITY	ГАХ	GS	A CODE	
ONCAL	L PAY									IDARY CI		GS	A CODE	
	CIAN/DENT	TIST PAY								LIFE INSI		VA <b>\$2.</b> 0	SHARE 64	\$5.27
SUNDA	Y PREMIU	JM PAY							ADDTL	OPTL IN:	SURANCE		CODE	
	ALLOWAN										IONAL LII		RANCE	
UNIFO	RM ALLOW	/ANCE							FAMILY	LIFE INS	SURANCE			
EARNE	ED INCOME	CREDIT							HEALTI	H BENEF	ITS Pre-ta	ax YES I	□ NO ⊠	\$30.04
INCEN	TIVE AWAF	RDS							SAVINO	S BOND	S			• • • • • • • • • • • • • • • • • • • •
SES A	WARDS								GARAG	BE .				
SATUR	DAY PREM	/IUM PAY	(						TAXAB	LE QUAR	TERS			
SPECIA	AL RATE B	ASE PAY				\$	395.	20	NONTA	XABLE C	UARTERS	3		
	ISTRATIVE NTROLLAB		TIME						SUBSIS	STENCE				
	G EXPENS	SES							PARKIN	IG FEES				
LOCAL	ITY PAY								VOLUNT	ARY CONT	RIBUTIONS		C CODE	
	TOTAL EA	RNINGS	AND ALLOV	VANCES	3	\$1	,214	.40	UNION	DUES			B999	\$10.00
		L	ESS-TOTAL	DEDU	CTIONS	s s	232.	78	POST 1	956 MILI	TARY SEF	RVICE DE	EPOSIT	
			ASH COLLE				981.	co	TUDICT	CAVANO	C DL AN			¢00.00
OF 1114	NO.		AY OF CHEC DATE OF OF 1114	K CAN	CELLEI	D \$	981.	62	IHKIFI	SAVING	CODE	VA SHAR	E	\$80.00
K0B5360	1 4-1027 NO.		2-22-00 DATE OF VA FO	ORM 4-102	7				RETIRE	MENT	K	\$129.94		\$14.57
C1195720	09	C	1-05-01 \$ 01-09						RETIRE	MENT (RE	E-EMPLOY	ED ANNU	JITANTS)	
104	BENEFITS CO	F	/A SHARE OF HEALTH BENEF	TTS \$78	3.83				TRANS	IT BENE	FIT			
	ND OR APPRO	JPKIATION :	2 A MROL		KED	UCTION FOR AN			OTHER	DEDUC	TIONS			
	CK CANCELED		☑ CASH COLLI	ECTED		SUSPENSE	E PAT	NO.					UCTIONS	\$232.78
OWCP Le	eave Buy back		COLLECTION								TO RECEIVE		TON ONLY	
PREPA	RED BY						DATI	Ε	SIGNAT	URE CHIE	F FISCAL/F	INANCE		DATE
Name I	Required					02	11	01	Signa	ture Required	t			02 11 01
VA FORM		5642	SUPERS	EDES VAR	ORM 4-4	1642 NOV 1989	- 11	- UI 42		mala #	11 Dort	2 of	2	02 - 11 - 01 JSGPO : 1990 262-755/16844

M	Department of Vet	terans Affa	airs				REQU	JEST I	FOF	R TD FORM W	-2C	
	UCTIONS: Payment								nal Tr	easury Department For	m W-2. Pre	pare this form in
•	•	•		,	,	,						
										the TD Form W-2c who In the case of name, SS		
	tive that action be tall BEING CORRECTED		field statio	n to cor			Record and u			ry files.		-
2000		D		662	JIN INO.	CORREC	DECEASE			PENSION PLAN		ERRED
	OYEE'S CURRENT S	SOCIAL SE	CURITY N				l F	<u>∠`</u> MPLOYE	IJ R'S F	∠ EDERAL EIN	△ COM	PENSATION
	- 55 - 5555	300# 1202		•0.				2012		74-16122	229F	
EMPLO	OYEE'S NAME AND	ADDRESS	(Include	ZIP Cod	de)		E			NAME AND ADDRESS	EDANO A	FEAIDO
Duck	, Donald								DEP.	ARTMENT OF VET	ERANS A	AFFAIRS
	rent address)											
0 1					EMPL OVEEIO	0011 (0 : :				TIN, TEXAS	. 0	
	ete ONLY if previous ation was incorrect	iy reported			EMPLOYEE'S	SSN (Origina	ai) EN	/IPLOYEE	SNA	AME (As shown as orig	ginai)	
NOTE:	If proviously reports	ad manay f	iguros wo	ro corro	ot DO NOT ma	ko any ontrios	o in this socti	on If mo	notan	y figures are incorrect, e	entor data in	Columns A. P. and
				oloyee h	as more than o	n State or Loc				nanged, a second VA Fo	orm 9997 m	ust be submitted.
2	ITE	EM			A. AS ORIGIN REPORTE			ORRECT RMATION		C. INCREASE	(DECREAS	E) ( B LESS A)
FORM W-2	1. WAGES TIPS AN	ID OTHER	COMP			37,396.28	1	38,837				\$1,441.62
Σ	2. FED. INC. TAX W	VITHHELD				52,833.46	<b>!</b>	\$2,905				\$71.72
8	3. SOC. SECURITY	WAGES			\$3	38,021.28	\$	39,487	.90			\$1,466.62
	4. SOC SECURITY		HELD		9	\$2,357.33		\$2,448	.26			\$90.93
₽	5. MEDICARE WAG					3,021.28	\$3	9,487.9				\$1,466.62
2	6. MED. TAX WITHI					\$551.30		\$572.5	57			\$21.27
	9. ADVANCED EIC 13A. 401K(TSP) (D)					ФСО <u>Г</u> ОО	ļ	<b>ФОГО</b> (				<b>#05.00</b>
8	13D NON-TAXABLE					\$625.00		\$650.0	)()			\$25.00
Ž	(Moving Expens											
CHANGES	Reimbursements) 14A TAXABLE MER											
0	(Moving Expens Reimbursements)	es										
	14B TAXABLE EPV (Employee Prov.		0)									
	14C PRE-TAX TRN-											
	(Non-taxable) 14D HTH-HEALTH B	BENEFIT				\$206.88		\$258.6	30			\$51.72
	(Non-taxable)					•		•				•
	17 STATE WAGE  18 STATE TAX WITH					37,396.28	1	8,837.9				\$1,441.62
	20. LOCAL WAGE G				Ф	,235.47	Ф	1,283.6	9			\$48.22
	21. LOCAL TAX WIT											
	ITE	EM		A. AS	S ORIGINALLY I	REPORTED		ORRECT		C. INCR	EASE (DECI	REASE)
TO T	OASDI WAGES				<u></u>	00 004 00	1	RMATION				#4 4CC CO
SAC	OASDI TAX WITHHE	ELD				38,021.28 2,357.33	1	9,487.9 2,448.2				\$1,466.62 \$90.93
ADJUSTMENT TRANSACTION	MEDICARE WAGES	3				3,021.28		9,487.9				\$1,466.62
٩F	MEDICARE TAX WI	THHELD				\$551.30	ΨΟ	\$572				\$21.27
QTR	OASDI WAG	ES		OASDI		•	RE WAGES			EDICARE TAX	API	PROPRIATION
1												
2												
3												
4	<b>Q1</b>	466.62		\$00	0.93		\$1,466.6	62		\$21.27		
	Ψ1,· IAL HOURS	PAY BA	SIS	ψυ	DUTY BASIS	<u> </u> 	COST CE			SUBACCOUNT	FTE	EQUIVALENT
	80		D		1			1325		02		0
SEPAF	RATION DAY NO.	Q&SS	TATION N	10.	FUND CONTI		DATE OF			PAY PLAN	TYPE	OF APPOINTMENT
RFASO	N FOR CORRECTION (	(Late recordi	ing of movin	na exnens	es (Cancel Check			25-67	CERT	A IFYING OFFCIER		1 DATE
			-		- 5 ( Carroot Officer	•,						
Reco	rd draft payment f	or pay pe	eriod 23/	00.				Signatu	ıre R	Required		2/12/03

M	Department of Vet	erans Affa	airs				REQU	EST F	OR TD FORM	W-2C					
	RUCTIONS: Payment ate. Fax the complete								reasury Department For	m W-2. Pr	epare this form in				
the TD		Offices wil	II update the	ir Master V	W-2 Listing	with the corre	cted data from (	Column B.	h the TD Form W-2c wh In the case of name, SS ary files						
	BEING CORRECTE			STATION N			T EMPLOYEE S		ary moo.						
200	0		į	586			DECEASED		PENSION PLAN		ERRED MPENSATION				
444	OYEE'S CURRENT S - 11 - 4444					1	EMP	LOYER'S I	FEDERAL EIN 74-1612						
MCD	OYEE'S NAME AND ONALD,RONALD RRENT ADDRESS		S (Include Z	ZIP Code)			EMP		NAME AND ADDRESS PARTMENT OF VET	TERANS A	AFFAIRS				
(COIN	INLINI ADDINESC	")						Δ119	STIN, TEXAS						
	lete ONLY if previous ation was incorrect	ly reported	d	EM	PLOYEE'S -	SSN (Origina	al) EMPL		AME ( As shown as ori	ginal)					
NOTE	: If previously reporte	d money fi	igures were	correct, Do	O NOT mal	ke any entries	in this section.	If monetar	y figures are incorrect, e	nter data ir	n Columns A, B, and C				
only to		ing change EM	e. If employ		re than on AS ORIGIN		Taxing Authorit  B. CORF		anged, a second VA For		st be submitted. SE) ( B LESS A)				
7-2				Α	REPORTE	:D	INFORMA	ATION	C. INCREASE	(DECKEAS					
≥			COMP			•		•			\$1,000.00				
₽								•			•				
Ö			UELD					•							
			HELD			,					·				
		-			\$2	•		•							
2						\$611.96	\$	626.46			\$14.50				
8	REPORTED INFORMATION  1. WAGES TIPS AND OTHER COMP \$42,204.20 \$43,204.20 \$1,000.00  2. FED. INC. TAX WITHHELD \$9,529.74 \$9,729.74 \$200.00  3. SOC. SECURITY WAGES \$42,204.20 \$43,204.20 \$1,000.00  4. SOC SECURITY TAX WITHHELD \$2,616.66 \$2,678.66 \$62.00  5. MEDICARE WAGES \$42,204.20 \$43,204.20 \$1,000.00  6. MED. TAX WITHHELD \$611.96 \$626.46 \$14.50  9. ADVANCED EIC PAYMENT  13A. 401K(TSP) (D)  13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements)  14A TAXABLE MER  4 Mayer Superses														
Ž	(Moving Expens														
Ĭ	Reimbursements) 14A TAXABLE MER														
0	(Moving Expens														
	Reimbursements) 14B TAXABLE EPV		+												
	(Employer Provi														
	(Non-taxable)		DEINEFII												
	14D HTH-HEALTH E (Non-taxable)	BENEFIT													
	17 STATE WAGE 3	20000			\$4	12,204.20	\$43	,204.20			\$1,000.00				
	18 STATE TAX WITI					55,108.69		,148.69			\$40.00				
	20. LOCAL WAGE G	SA CODE				,		,			,				
	21. LOCAL TAX WIT	HHELD													
ΕZ	ITE	ΞM		A. AS OF	RIGINALLY I	REPORTED	B. CORF		C. INCR	REASE (DEC	CREASE)				
ADJUSTMENT TRANSACTION	OASDI WAGES				\$4	12,204.20		,204.20			\$1,000.00				
JST.	OASDI TAX WITHH	ELD	1			32,616.66		,678.66			\$62.00				
PAN PAN	MEDICARE WAGES	;				2,204.20		,204.20			\$1,000.00				
* ⊢	MEDICARE TAX WI	THHELD				\$611.96		626.46			\$14.50				
QTR	OASDI WAG	ES	(	DASDI TAX	<		RE WAGES		MEDICARE TAX	AF	PROPRIATION				
1															
2															
3															
4					***		*4 ***								
4		000.00	010		\$62.00		\$1,000.00	- D	\$14.50		FOLINAL ENT				
NORN	MAL HOURS <b>80</b>	PAY BA	1	ט	UTY BASIS	) 	COST CENTE <b>8262</b>		SUBACCOUNT 34	FIE	EQUIVALENT 0				
SEPAI	RATION DAY NO.	Q&SS	TATION NO	). Fl	UND CONTI	ROL POINT	DATE OF BIR		PAY PLAN	TYP	E OF APPOINTMENT				
					01	12	08-23	-52	Α		1				
REASC	ON FOR CORRECTION	Late record	ling of moving	expenses (C	Cancel Check	ks etc.)	SIGNATURI	OF CER	TIFYING OFFCIER	•	DATE				
Cash	award given to er	mployee	on 12-23-	00. Not i	recorded	on W-2.	Signature	Require	ed		2/12/03				

$\omega$	Department of Vet	erans Affa	airs			REQUE	ST FO	R TD FORM W	-2C	
	UCTIONS: Payment							reasury Department For	m W-2. Pre	pare this form in
NOTE:	All employees requ	esting corr Offices will	ections show	uld be notified that th ir Master W-2 Listing	ne original TD I	Form W-2 must cted data from (	be filed wit Column B.	h the TD Form W-2c who In the case of name, SS ary files.		
YEAR	BEING CORRECTEI		S	STATION NO.		T EMPLOYEE S		_		
2000				691		DECEASED	$\boxtimes$	PENSION PLAN		ERRED PENSATION
777-	OYEE'S CURRENT S -77-7777							FEDERAL EIN 74-16122	229F	
Boo	OYEE'S NAME AND o, Betty ent address)	ADDRESS	6 (Include Z	IP Code)		EMP	DEF	NAME AND ADDRESS PARTMENT OF VET STIN, TEXAS	ERANS A	FFAIRS
	ete ONLY if previous ation was incorrect	ly reported		EMPLOYEE'S	SSN (Origina -	al) EMPL	OYEE'S N	AME (As shown as orig	ginal)	
								ry figures are incorrect, e		
C only		sting chan EM	ge. If emplo	oyee has more than on A. AS ORIGII		cal Taxing Author  B. CORF		changed, a second VA For C. INCREASE		
4.2				REPORTE	ED	INFORMA	TION	O. HVOINE/NOE	(BEONE/IOI	
FORM W-2	1. WAGES TIPS AN		COMP	\$	10,380.98	\$10	,333.83			(\$47.15)
₽	2. FED. INC. TAX W					0.10.4				
Ö	SOC. SECURITY      SOC SECURITY		UEL D		0,380.98		33.83			(\$47.15)
	5. MEDICARE WAG		HELD		\$643.62		340.70			(\$2.92)
TD.	6. MED. TAX WITH				0,380.98		33.83			(\$47.15)
70	9. ADVANCED EIC				\$150.52	\$	49.84			(\$.68)
	13A. 401K(TSP) (D)									
NGE	13D NON-TAXABLE (Moving Expens	MER (P)	+							
CHANGES	Reimbursements) 14A TAXABLE MER									
0	(Moving Expens Reimbursements) 14B TAXABLE EPV	es								
	(Employee Prov 14C PRE-TAX TRN-	ided Vehicle	e) RENEFIT							
	(Non-taxable)									
	14D HTH-HEALTH E (Non-taxable)	BENEFII			\$188.60	\$2	235.75			\$47.15
	17 STATE WAGE (	060000		\$10	0,380.98	\$10,3	33.83			(\$47.15)
	18 STATE TAX WITI									
	20. LOCAL WAGE G									
	21. LOCAL TAX WIT									
5종	ITE	ΞM		A. AS ORIGINALLY	REPORTED	B. CORF		C. INCR	EASE (DEC	REASE)
ADJUSTMENT TRANSACTION	OASDI WAGES			\$	10,380.98		,333.83			(\$47.15)
UST NSA	OASDI TAX WITHH	ELD		•	\$643.62	î	640.70			(\$2.92)
ADJI RAI	MEDICARE WAGES	3		\$10	0,380.98		33.83			(\$47.15)
	MEDICARE TAX WI	THHELD			\$150.52	\$1	49.84			(\$.68)
QTR	OASDI WAG	ES	C	ASDI TAX	MEDICA	RE WAGES	ı	MEDICARE TAX	API	PROPRIATION
1										
3										
4										
4	//	17.45		(#O OO)		(C 47 45)		<b>(Φ.00)</b>		
-	(\$ AL HOURS	47.15) PAY BA	SIS	(\$2.92) DUTY BASIS	<u> </u>	(\$47.15) COST CENTE	:p	(\$.68) SUBACCOUNT	FTE	EQUIVALENT
1401710	80	IAIDA	D	DOTT BASIS	1	8413		02		0
SEPA	RATION DAY NO.	Q&SS	TATION NO		ROL POINT	DATE OF BIR 01-23-	TH	PAY PLAN	TYPE	OF APPOINTMENT  1
REASC	N FOR CORRECTION	Late recordi	ing of movina			II .a.		TIFYING OFFCIER		DATE
Draft	payment for pay potential payment for pay potential payment for pa	period 22	recorded	but pre-tax health		Signature				2/12/03
	- , ,		•				•			

M	Department of Ve	terans Affa	airs			REQUE	ST FO	R TD FORM W-	-2C	
				prepare this form to c				reasury Department Forr	n W-2. Pre	epare this form in
NOTE:	All employees requ	Jesting corr Offices wil	ections sho	ould be notified that th	e original TD I	Form W-2 mus	t be filed wit Column B.	h the TD Form W-2c whe In the case of name, SS ary files.		
YEAR	BEING CORRECTE			STATION NO.		T EMPLOYEE		_	7 555	
2000				583		DECEASED	$\boxtimes$	PENSION PLAN		ERRED IPENSATION
333-	OYEE'S CURRENT : -11-5555				•			FEDERAL EIN 74-16122	229F	
	OYEE'S NAME AND , Daffy	ADDRESS	(Include	ZIP Code)		EM		NAME AND ADDRESS PARTMENT OF VET	ERANS /	ΔEEΔIRS
	ent address)							STIN, TEXAS	LIVAINO F	A I AII O
	ete ONLY if previous	sly reported	I	EMPLOYEE'S	SSN (Origina	al) EMF		AME (As shown as orig	inal)	
informa	ation was incorrect			-	-					
								ry figures are incorrect, e		
		esting chan EM	ige. if emp	A. AS ORIGII REPORTI	NALLY	B. COF	RECT	changed, a second VA Fo		
FORM W-2	1. WAGES TIPS AN	ND OTHER	COMP		25,291.50					\$41.55
Σ	2. FED. INC. TAX V		001111	Φ,	25,291.50	<b>Φ</b> Ζ	5,333.05			<del>\$41.33</del>
꽁	3. SOC. SECURITY			\$2	5,291.50	\$2	5,333.05			\$41.55
	4. SOC SECURITY		HELD		1,568.07	<del>-</del>	1,570.65			\$2.58
10	5. MEDICARE WAG	GES			5,291.50		333.05			\$41.56
70	6. MED. TAX WITH	HELD			\$366.73	<b>*</b>	367.33			\$.60
	9. ADVANCED EIC	PAYMENT			•					·
Ä	13A. 401K(TSP) (D)	)								
CHANGES	13D NON-TAXABLE (Moving Expense)									
σΉ	Reimbursements)									
C	14A TAXABLE MER (Moving Expens Reimbursements)									
	14B TAXABLE EPV		(-)							
	(Employee Prov 14C PRE-TAX TRN-		/		\$41.55	<u> </u>	\$0.00			(\$41.55)
	(Non-taxable) 14D HTH-HEALTH I	RENEEIT			+		+0.00			(\$1.100)
	(Non-taxable)									
	17 STATE WAGE			\$2	25,291.50	\$2	5,333.05			\$41.55
	18 STATE TAX WIT									
	21. LOCAL TAX WI									
		EM		A. AS ORIGINALLY	REPORTED	B. COF	RECT	C INCRI	EASE (DEC	REASE)
TNT NOT						INFORM	IATION		(===	,
ADJUSTMENT TRANSACTION	OASDI WAGES	ELD.			25,291.50		5,333.05			\$41.55
OUUS ANS	OASDI TAX WITHH				1,568.07		570.65			\$2.68
AT TR	MEDICARE TAX WI			\$2	5,291.50	<del>}</del>	333.05			\$41.55 \$.60
QTR	OASDI WAG			OASDI TAX	\$366.73	RE WAGES	367.33	MEDICARE TAX	AP	ቅ.ዕሀ PROPRIATION
1	0.102.11.10			07.001.1781	23.07				,	
2										
3										
4										
4		\$41.55	010	\$2.58		\$41.5		\$.60	1	501111/41 51 T
NORM	AL HOURS 80	PAY BA	A A	DUTY BASI	S 1	COST CENT 8286		SUBACCOUNT 02	FIE	EQUIVALENT 0
SEPAR	RATION DAY NO.	Q&SS	TATION N		ROL POINT	DATE OF BI 05-10	RTH	PAY PLAN A	TYPE	OF APPOINTMENT
REASO	N FOR CORRECTION	(Late record	ing of moving	g expenses (Cancel Chec	ks etc.)	SIGNATUR	RE OF CER	TIFYING OFFCIER	<u> </u>	DATE
		refunded	to emplo	yee. "Fare Media"	' not	S	gnature I	Required		2/12/03
receiv	rea.					1				

M	Department of Vet	erans Affa	airs				REC	UES	T FO	R TD FORM	W-2C	
	RUCTIONS: Payment									easury Departmen	t Form W-2.	Prepare this form in
NOTE	: All employees requ ) Form W-2c, Payroll	esting corre	ections sh I update th	ould be no neir Master	tified that the W-2 Listing	e original TD I with the corre	Form W-2 ected data	must be	e filed with	In the case of name	c when app e, SSN, or a	licable. Upon receipt of address change, it is
	ative that action be tall BEING CORRECTED		field statio	STATION		CORREC				ary files.		
200	0			313			DECEA	SED		PENSION PLAN		DEFERRED COMPENSATION
	OYEE'S CURRENT S	SOCIALSE	CURITY N	10.				EMPL	OYER'S F	EDERAL EIN		
	-55-3333	ADDDECC	) (In aluada	7/D (Codo)				EMDL	OVEDIC I	74-16 NAME AND ADDR	12229F	<del>,</del> 
Trac	OYEE'S NAME AND y, Jane ent address)	ADDRESS	include	ZIP Code)				EMPL	DEF	PARTMENT OF		NS AFFAIRS
	ete ONLY if previous ation was incorrect	ly reported		► EN	MPLOYEE'S	SSN (Origina	al)	EMPLO		AME (As shown a	s original)	
												ata in Columns A, B, and 97 must be submitted.
2	ITE	EM		A.	AS ORIGIN REPORTE			CORRI		C. INCREA	ASE (DECR	EASE) ( B LESS A)
FORM W-2	1. WAGES TIPS AN	D OTHER	COMP		REPORTE	ט	IINF	ORIVIA	ION			
ź	2. FED. INC. TAX W	/ITHHELD										
页	3. SOC. SECURITY	WAGES			\$2	23,751.20			\$0.00			(\$23,751.2
	4. SOC SECURITY	TAX WITH	HELD			1,472.57			\$0.00			(\$1,472.5
9	5. MEDICARE WAG	ES				,						(. /
<u>'</u>	6. MED. TAX WITHI	HELD										
	9. ADVANCED EIC	PAYMENT										
Ω	13A. 401K(TSP) (D)											
CHANGES	13D NON-TAXABLE (Moving Expens Reimbursements)											
ρ	14A TAXABLE MER (Moving Expens Reimbursements)	es										
	14B TAXABLE EPV (Employee Provi	ided Vehicle	e)									
	14C PRE-TAX TRN-		,									
	(Non-taxable) 14D HTH-HEALTH B	BENEFIT										
	(Non-taxable)											
	17 STATE WAGE	IIIEI B										
	18 STATE TAX WITH 20. LOCAL WAGE G											
	21. LOCAL TAX WIT											
	ITE			Δ ΔS Ω	RIGINALLY F	REPORTED	B	CORRE	CT	C	NCREASE (	DECREASE)
토질		_101		A. A0 0	INIOIIVALLITI	VEI OIVIED		ORMAT		0.1	NONLAGE (	DEGREAGE)
ADJUSTMENT TRANSACTION	OASDI WAGES				\$2	23,751.20			\$0.00			(\$23,751.2
SS.	OASDI TAX WITHHE				\$	1,472.57			\$0.00			(\$1,472.5
台员	MEDICARE WAGES											
	MEDICARE TAX WI			0400174		1455104	55.444.61					100000001171011
QTR 1	OASDI WAG	ES		OASDI TA	ιX	MEDICA	RE WAG	ES	IV.	IEDICARE TAX		APPROPRIATION
2												
3	(\$2	,636.80)			(\$535.48)							00151
4	•	,238.80)			(\$200.81)							00151
4	`	,875.60)			(\$736.28)							10151
	IAL HOURS 80	PAY BA	SIS 1		OUTY BASIS			308021		SUBACCOUNT 17		FTE EQUIVALENT 0
	RATION DAY NO.		TATION N		FUND CONTE 01	3		OF BIRT 2-24-41		PAY PLAN A		TYPE OF APPOINTMENT  1
REASC	N FOR CORRECTION (	Late recordi	ing of movin	g expenses	(Cancel Check	s etc.)	SIGN	ATURE	OF CERT	IFYING OFFCIER		DATE
Retire	ement correction f	rom C to	1. Effec	tive date	of change	7-16-00.	Sign	ature	Require	ed		2/12/03

VA Vet								CORRECT					CONTR	OL NO.	Au	acnment	
NOTE: See TAX YEAR		r instr		on completi Only one ta	x year p	is form, please fax co er sheet)		form to VAFSC, Aus	tin, TX at	(512) 460	)-5507.						
STATION N	IO.			IG STA NO	).	NAME OF EMPLO								SECURITY NO.			
313						Tracy, Jane		ETIREMENT CODE	CHANG	E INPUT	(LIST EACH		333-3	55-3333			
DA				REMENT CODE	E	NEW RETIREMENT CODE						NATURE OF A					1 .
7-16	5-00			C		1								. Less than o			
							ser	vice between	appo	ıntme	nts. Pre	vious ap	point	tment retirem	ent o	code wa	s I.
						•			YEE DA								•
NORMAL HO	URS	PAY	BASIS	DUTY E	BASIS	COST CENTER/OR	G SUI	B ACCT.	FTE EQUIV.		ARATION NO.	FCP		DATE OF BIRTH	PAY	PLAN	TYPE APPT
80		1		1		308021		17	0			013		2-24-41		A	1
	CITIBI	. D . G	TOD DETER	DELECT.	onic	ORI		ORRECTED DEDU						CORRECT			CORRECT
ORIGINAL RET/FICA CODE	DEDUC'		S FOR RETIE	KEMENI		GINAL EMPLOYEE DEDUCTIONS	CC	ORIGINAL VA ONTRIBUTIONS		AY OD NO.		ORRECT FICA CODE		CORRECT EMPLOYEE DEDUCTION	ONS		CORRECT ONTRIBUTIONS
С	\$2,159	.20				\$25.91		\$183.75	00	)-15		1		\$159.78			\$183.75
С	\$2,159					\$25.91		183.75	00	)-16		1		159.78			\$183.75
С	\$2,159	.20				\$25.91		183.75	00	)-17		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-18		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-19		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-19		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-21		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-22		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-23		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-24		1		159.78			\$183.75
С	\$2,159					\$25.91		183.75		)-25		1		159.78			\$183.75
C	\$2,159	.20				\$25.91		103.75	00	J-25		'		159.76			\$103.75
т	OT A	۱ ۲	S >								тот	ALS >	>				
1	OTF	1L	5 /		9	\$285.01	\$	2,021.25			101	ALS /		\$1,757.58		\$2	,021.25
APPROPRI ATION	APPROP	RIATIO	ON CODE			ORIGINAL	. DEDUCT	ION CONTRIBUTION	•				CORR	ECT DEDUCTION CON	TRIBUT	TION	
DATA																	
PRIOR YEAR						EMPLOYEE		V.	١.			EMPLOYI	EE			VA	
reak		0	0151			\$129.55		\$918	3.75			\$798.9				\$918.	75
CURRENT YEAR						EMPLOYEE		V	1			EMPLOYI				VA	
COMMENTS		1	0151			\$155.46		\$1,10	2.50			\$958.6	68			\$1,102	.50
PREPARED	BY					VERIFIED	BY			AUTH	ORIZED BY						DATE
Name Re	quired					Name Re	equired			Sign	ature R	equired					2-11-01

M	Department of Veterans Affa	nirs			REQU	EST F	OR TD FORM	W-2C	
	RUCTIONS: Payment Office perate. Fax the completed request						reasury Department Fo	rm W-2. Pr	epare this form in
NOTE:	All employees requesting corruptions will be seen that action be taken at the factors are the factors.	ections shoul update their	d be notified that the	e original TD F	Form W-2 must cted data from (	be filed wit	In the case of name, S		
	BEING CORRECTED	ST	ATION NO.		T EMPLOYEE S DECEASED		PENSION PLAN		ERRED MPENSATION
	OYEE'S CURRENT SOCIALSE	CURITY NO.			EMP	LOYER'S	FEDERAL EIN 74-1612		II LNOATION
	OYEE'S NAME AND ADDRESS	(Include ZIF	P Code)		EMP	LOYER'S	NAME AND ADDRESS		
	ker, Tom ent Address)						PARTMENT OF VE	TERANS A	AFFAIRS
	ete ONLY if previously reported ation was incorrect		EMPLOYEE'S	SSN (Origina	el) EMPL		STIN, TEXAS IAME (As shown as on	iginal)	
	: If previously reported money fi								
C only	to those items requesting chang	ge. If employ	ee has more than o		al Taxing Authors  B. CORF				nust be submitted. SE) ( B LESS A)
7.			REPORTE		INFORMA		C. INCREAGE	. (DECKLAC	DE) ( B EE33 A)
3	1. WAGES TIPS AND OTHER	COMP							
FORM W-2	2. FED. INC. TAX WITHHELD								
Ö	3. SOC. SECURITY WAGES			\$0.00		,435.57			\$50,435.57
	4. SOC SECURITY TAX WITH	HELD		\$0.00	\$3	,127.01			\$3,127.01
10	5. MEDICARE WAGES								
70	6. MED. TAX WITHHELD								
	9. ADVANCED EIC PAYMENT								
Ä	13A. 401K(TSP) (D)								
CHANGES	13D NON-TAXABLE MER (P) (Moving Expenses Reimbursements) 14A TAXABLE MER (Moving Expenses								
	Reimbursements)  14B TAXABLE EPV								
	(Employer Provided Vehicle								
	14C PRE-TAX TRN-TRANSIT B (Non-taxable)	ENEFII							
	14D HTH-HEALTH BENEFIT								
	(Non-taxable) 17 STATE WAGE								
	18 STATE TAX WITHHELD								
	20. LOCAL WAGE GSA CODE								
	21. LOCAL TAX WITHHELD								
Νο	ITEM		A. AS ORIGINALLY F	REPORTED	B. CORF		C. INC	REASE (DEC	CREASE)
ADJUSTMENT TRANSACTION	OASDI WAGES			\$ 0.00	\$50	,435.57			\$50,435.57
UST NSA	OASDI TAX WITHHELD			\$ 0.00	\$3	,127.01			\$3,127.01
AD.	MEDICARE WAGES								
	MEDICARE TAX WITHHELD								
QTR	OASDI WAGES	O.F	ASDI TAX	MEDICA	RE WAGES		MEDICARE TAX	AF	PROPRIATION
1	\$11,638.98		\$721.62						00151
2	\$11,638.98		\$721.62						00151
3	\$11,638.98		\$721.62						00151
4	\$3,879.86		\$240.55						00151
4	\$11,638.77	010	\$721.60		0007.051.17		Louisacouniz		10151
	IAL HOURS PAY BAS	3	DUTY BASIS		COST CENTE 1840	10	SUBACCOUNT 78		EQUIVALENT 0
		TATION NO.	FUND CONTE	2	7-3-4	<b>l</b> 1	PAY PLAN A	TYP	E OF APPOINTMENT  1
	N FOR CORRECTION (Late recording			,	SIGNATURI	OF CER	TIFYING OFFCIER		DATE 2/12/03
Retire	ment correction from 1 to C. E	Effective date	e of change 2-5-84	<u> </u>	Signature	Require	ed		

Attachment

VA Vet	erans	Adn	ninistra	ition		CSRS	/FERS	CORRECT	ION V	VORK	SHEET	Γ	CONTI	ROL NO.			
NOTE: See TAX YEAR		r instru		on complet Only one ta			completed f	form to VAFSC, Au	stin, TX at	(512) 460	0-5507.						
STATION N			SERVICIN			NAME OF EMPL	OYEE.						111-2	2-1111			
546						Tucker, To	m										
DA	TE		OLD RETI	REMENT COD	E	SUMMA NEW RETIREMENT COD	RY OF RE	ETIREMENT COD	E CHANG	E INPUT	(LIST EACH	H CHANGE)  NATURE OF	F ACTIO	N			
2-5				1		С		o active retire	ement c	ode ch	ange fro	m 1 to C.	More	e than one ye	ear bre	ak in ser	vice between
								ointments.			_						
									OYEE DA								
NORMAL HO	URS	PAY I	BASIS	DUTY I	BASIS	COST CENTER/O	RG SUI	B ACCT.	FTE EQUIV.		ARATION 7 NO.	FCP		DATE OF BIRTH	I PA	AY PLAN	TYPE APPT
80		3		1		184010		78	0			012	,	7-3-41		A	1
- 00		<u> </u>		1				ORRECTED DEDI		AND VA	CONTRIBU			7 3 41		7.1	1
ORIGINAL RET/FICA	SALARY DEDUC		FOR RETIF	REMENT	ORIG	NAL EMPLOYEE EDUCTIONS	CC	ORIGINAL VA ONTRIBUTIONS	P PERIO	AY OD NO.		ORRECT FICA CODE		CORRECT EMPLOYEE DEDI	T UCTIONS	VA	CORRECT CONTRIBUTIONS
CODE 1	\$1,500.	00				\$108.75		\$127.65	99	-26		С		\$15.75			\$127.65
1	\$1,620.	00				\$119.88		\$137.86	0	0-1		С		\$19.44			\$137.86
1	\$1,620.					\$119.88		\$137.86		0-2		С		\$19.44		+	\$137.86
1	\$1,620.					\$119.88		\$137.86		0-3		С		\$19.44			\$137.86
1	\$1,620.					\$119.88		\$137.86		0-4		C	1	\$19.44		-	\$137.86
1	\$1,620.					\$119.88		\$137.86		0-5		C		\$19.44			\$137.86
1	\$1,620.					\$119.88		\$137.86		0-6		С		\$19.44			\$137.86
1	\$1,620.					\$119.88		\$137.86		0-7		С		\$19.44			\$137.86
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HOLID	AY							FEDER	AL TAX					
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LUMP	SUM							SECON	DARY STA	ATE TAX		A CODE		
STANE	BY PREMI	UM PAY						PRIMAF	RY CITY TA	ΑX	GS	A CODE		
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VA FORM	Л 4-1027 NO.	С	DATE OF VA F	ORM 4-1027					MENT (RE-	EMPLOY	ED ANNU	JITANTS)		
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PREPA	RED BY					DA	TE.	SIGNATU	JRE CHIEF	FISCAL/F	INANCE			DATE
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VA FORM	Л 4-	5642	SUPERS	EDES VAFO	RM 4-46	42 NOV 1989	56		Fvam	nla # 1	R		USGPO: 19	990 262-755/16844

Attachment

VA Ve	terans	Ad	ministra	ation		CSRS	S/FERS	CORRECT	TION '	WORK	SHEET	Г с	ONTROI	L NO.	A	ttacnment	
NOTE: See			ructions. Up YEAR	on complet	ion of	this form, please fax (Only one tax			ustin, TX a	at (512) 46	0-5507.						
STATION N		1717	SERVICIN	IG STA NO	).	NAME OF EMPI		ccij				So	OCIAL S	ECURITY NO	).		
						SUMM	ARY OF R	ETIREMENT COL	DE CHANG	GE INPUT	(LIST EACH	I CHANGE)					
DA	ATE		OLD RET	REMENT COD	E	NEW RETIREMENT CO	DE					NATURE OF A	ACTION				
NORMAL HO	OURS	PA	BASIS	DUTY I	BASIS	COST CENTER	ORG SU	EMPI B ACCT.	OYEE DA	SEP	ARATION	FCP	I	DATE OF BIRTH	I PAY	Y PLAN	TYPE APPT
									EQUIV	. DA'	Y NO.						
		l				0	RIGINAL/C	ORRECTED DED	UCTIONS	AND VA	CONTRIBU	TIONS					
ORIGINAL RET/FICA	SALAR DEDUC		IS FOR RETI	REMENT	ORI	IGINAL EMPLOYEE DEDUCTIONS		ORIGINAL VA ONTRIBUTIONS		PAY IOD NO.	C	ORRECT FICA CODE	El	CORREC MPLOYEE DED	T UCTIONS	VA C	CORRECT
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APPROPRI ATION DATA	APPRO	PRIAT	ION CODE			ORIGIN	IAL DEDUCT	TION CONTRIBUTIO	N				CORREC	T DEDUCTION	CONTRIBU	JTION	
PRIOR YEAR						EMPLOYEE			VA			EMPLOYE				VA	
CURRENT YEAR						EMPLOYEE			VA			EMPLOYE	E			VA	
COMMENTS																	
PREPARED	) BY					VERIFIE	D BY			AUTH	ORIZED BY						DATE

## **INSTRUCTIONS FOR COMPLETING FORM 4-4938 WORKSHEET**

- 1. Personnel changed this employee's retirement status between CSRS and FERS. If the effective date of the change is retroactive to a prior pay period, this worksheet must be completed. If the effective date of the change is not retroactive and no correction is required, the worksheet must be certified by the Authorizing Official and returned to the Financial Services Center as a negative report.
- 2. When completing the worksheet, accuracy of data is of utmost importance. This will ensure that the correction, when processed by the Financial Services Center, will be the final retirement correction that will be required for this employee. It will also facilitate the reconciliation of individual employee subsidiary records to general ledger balances within each retirement system. Accordingly, the source of information to be used when completing the original/corrected deductions and VA contributions on the worksheet will be the Record of Salary Payments (VA Form 4-5691), the payroll copy of applicable E&L Statements (VA FORM 4-5632), or the Biweekly Payroll Register (VA Form 4-1975).
- 3. A control number must be assigned to each worksheet. If more than one worksheet must be completed for a specific employee (see para. 4 below), a separate control number must be assigned to each worksheet. The control number will be comprised of the station number followed by a sequential number beginning with 001 (e.g., 688-001, 688-002, etc.). A separate series of control numbers must be assigned for each station.
- 4. Complete the ORIGINAL "Ret/FICA" code, employee deduction, and VA contribution for each pay period (PP). These entries will be shown on the left side of the worksheet. Record each affected PP number in the center column by entering the year and PP (e.g., PP 25, 1987 would be recorded as 7-25). On the right side of the worksheet, list the CORRECT data for each affected PP. The worksheet will be completed on a tax year basis. If the retroactive correction period extends back beyond the current tax year, complete a separate worksheet for each tax year involved. Fiscal year appropriation charges will be totaled as indicated in the field labeled "Appropriation Data". Prorate "split" PP's in the usual manner (e.g., PP20, 1987 would be "split" 30/70). Upon completion of the worksheet(s), attach a copy of the documents (VA Form 4-5691, 4-5632 and/or 4-1975) that support the entries on the worksheet(s).
- 5. Every effort must be made to complete the worksheet no later than the PP following the one in which the worksheet is received. This will enable the Financial Services Center to prepare the necessary input code sheets on a relatively current basis. Weekly reminders will be sent 30 calendar days after the issuance of the worksheet until the record is corrected or a negative report is received.

## NOTE:

- 1. Any excess employee retirement deductions will be deposited to the station suspense account by the Financial Services Center.
- 2. A retroactive change in the employee's retirement code may affect the employee's Medicare/FICA wages. If the retirement code changes from a 1 or 6 (full CSRS) to K or M (FERS) or vice versa, a corrected W-2c must be processed for prior tax year Medicare/FICA wages and tax and/or a transaction type 84 to adjust the correct tax year wages and tax. The excess retirement deductions which have been deposited to station suspense, (see note 1), may be used to apply against any debt caused as a result of the Medicate/FICA wage and tax correction.
- 3. If a copy of this worksheet is received close to the end of the calendar year, the worksheet should be expedited to the Financial Services Center. Failure to correct the records in a timely manner could result in the employee's current year TD Form W-2 being issued in error.

M	Department of Vete	erans Affa	uirs			REQUEST FOR TD FORM W-2C								
	UCTIONS: Payment ate. Fax the complete									easury Department Fo	rm W-2.	Prepare this form in		
the TD		Offices will	update th	eir Mast	ter W-2 Listing	with the corre	cted data	from C	olumn B.	In the case of name, S		cable. Upon receipt of ddress change, it is		
	BEING CORRECTED			STATIC <b>635</b>			T EMPLO	LOYEE STATUS  EASED PENSION PLAN DEFERRED						
EMPLOYEE'S CURRENT SOCIALSECURITY NO.    EMPLOYER'S FEDERAL EIN												COMPENSATION		
777	- 55 - 3333									74-1612				
Micke 2121	OYEE'S NAME AND A by Mouse Trapdoor Way noma City, OK 731	ZIP Cod	de)			NAME AND ADDRESS PARTMENT OF VE		S AFFAIRS						
	ete ONLY if previously ation was incorrect	y reported		•	EMPLOYEE'S	SSN (Origina -	al)	EMPLO		STIN, TEXAS AME (As shown as or	iginal)			
										y figures are incorrect, hanged, a second VA F		ta in Columns A, B, and 7 must be submitted.		
	ITE	М			A. AS ORIGIN REPORTE	IALLY	B.	CORRECT FORMATION			EASE) ( B LESS A)			
3	1. WAGES TIPS ANI	D OTHER	COMP											
FORM W-2	2. FED. INC. TAX W													
6	3. SOC. SECURITY		\$1	9,047.74		\$18,9	995.98	(\$51.76)						
	4. SOC SECURITY 1		\$	1,180.93		\$1, <sup>-</sup>	177.72	(\$3.21)						
10	5. MEDICARE WAG		\$1	9,047.74	\$18,995.98			(\$51.76)						
10	6. MED. TAX WITHH	HELD				\$276.19	\$275.44					(\$.75)		
	9. ADVANCED EIC F													
ES	13A. 401K(TSP) (D)													
9	13D NON-TAXABLE													
CHANGES	(Moving Expenses Reimbursements)  14A TAXABLE MER (Moving Expenses													
	Reimbursements)  14B TAXABLE EPV													
	(Employee Providence													
	14C PRE-TAX TRN-T (Non-taxable)													
	14D HTH-HEALTH BI													
	(Non-taxable) 17 STATE WAGE													
	18 STATE TAX WITH	HFI D												
	20. LOCAL WAGE G													
	21. LOCAL TAX WITI													
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ACI	OASDI WAGES				\$1	\$18,995.98			(\$51.76)					
ADJUSTMENT TRANSACTION	OASDI TAX WITHHELD				. \$			177.72	(\$3.21)					
₽¥	MEDICARE WAGES				\$1	\$18,995.98			(\$51.76)					
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4	/ <b>c</b>	51 76\			(¢2 24)		/¢51	(¢51.76)		(¢ 75)				
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	20-2001.	,			F7	1		3-28-01						

Ø	Departm	partment of Veterans Affairs NOTICE OF CHECK CANCELLATION OR CASH COLLE										CTION			
то	VA FSC (1 AUSTIN, T		3)			ME AND LOCATI AMC Oklahor			ATION			STATION NO. 635			
	EMPLOYEE	^			SOCIAL SECURITY NO.			DATE OF BIRTH CHECK				DATE OF CHECK		SALARY RATE	
	y Mouse							6 - 2 - 45			11 - 2			11.77	
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PHYSI	CIAN/DENT	TIST PAY						BAS	BASIC LIFE INSURANCE \$2.17						\$4.34
SUNDA	AY PREMIU	JM PAY						ADD	ADDTL OPTL INSURANCE				CODE		
LIVING	ALLOWAN	NCE						STA	NDARD	OPT	IONAL LI	FE INSUF	RANCE		
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EARNE	ED INCOME	CREDIT						HEA	LTH BE	ENEFI	TS Pre-ta	ax YES [	⊠ NO □		\$45.76
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	AL RATE B					NONTAXABLE QUARTERS									
	IISTRATIVE NTROLLAB		TIME					SUB	SUBSISTENCE						
MOVIN	IG EXPENS	SES						PAR	PARKING FEES						
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TOTAL EARNINGS AND ALLOWANCES						\$97.	52	UNI	ON DUE	ES			A001		\$10.00
		L	ESS-TOTA	NS	NS \$74.98			POST 1956 MILITARY SERVICE DEPOSIT							
		C	\$22.		TUD	THRIFT SAVINGS PLAN						¢0.75			
	PAY OF CHECK CANCELLED  1114 NO. DATEOFOF1114					<b>\$22.</b>	.54				CODE	VA SHAR	E		\$9.75
	164114 2-20-2001 A FORM 4-1027 NO. DATE OF VA FORM 4-1027 52782546 2 - 20 - 2001							RETIREMENT   K   \$10.43					IITANITO)		\$1.17
HEALTH	BENEFITS CO	DE V	/A SHARE OF			RETIREMENT (RE-EMPLOYED ANNUITANTS)									
452 FU	ND OR APPRO		SYMBOL	EDUC	DUCTION FOR ANNUITY			TRANSIT BENEFIT							
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Name I	Required					-	_	Sign	ature R	equire	ea				
VA FORM	1 4	5642	SLIDERS	SEDES VAFORM	4-4642	NOV 1989	C4			00 D				LISGP	O · 1990 262-755/16844

M Department of Veterans Affairs REQUEST FOR TD FORM W-20														
INSTR duplica	UCTIONS: Payment ate. Fax the complete	Office per ed request	sonnel will form to V	l prepare AFSC, A	e this form to co austin, TX at (51	orrect errors in 12) 460-5507,	NA employee' ATTN: W-2C D	s original Tı Əesk.	easury Department F	orm W-2.	Prepare this form in			
the TD impera	Form W-2c, Payroll ( tive that action be tak	Offices will ken at the	l update th field statio	eir Mast n to corr	ter W-2 Listing rect the Employ	with the correcter's Master R	cted data from tecord and upd	Column B. ate necessa	In the case of name,	when appli SSN, or a	cable. Upon receipt of ddress change, it is			
YEAR <b>200</b> (	BEING CORRECTED  )	)		630	ON NO.	T EMPLOYEE : DECEASED	EMPLOYEE STATUS DECEASED PENSION PLAN DEFERRED COMPENSATION							
	OYEE'S CURRENT S - 77 - 2222	OCIALSE	CURITY N	IO.			EMF	LOYER'S F	EDERAL EIN 74-161		20111 2110/111011			
	OYEE'S NAME AND	ADDRESS	(Include	ZIP Cod	de)		EMF		NAME AND ADDRES					
Crysta	al Carrington 50 <sup>th</sup> Ave Apt 7L							DEF	PARTMENT OF V	ETERAN	IS AFFAIRS			
	York, New York 1	0037												
	•								TIN, TEXAS 787					
Complete ONLY if previously reported information was incorrect   EMPLOYEE'S SSN (Original)   EMPLOYEE'S NAME (As shown as original)														
NOTE: If previously reported money figures were correct, DO NOT make any entries in this section. If monetary figures are incorrect, enter data in Columns A, B, and C only to those items requesting change. If employee has more than on State or Local Taxing Authority to be changed, a second VA Form 9997 must be submitted.														
2	ITE	M			A. AS ORIGIN REPORTE		B. COR INFORM		C. INCREAS	SE (DECRI	EASE) ( B LESS A)			
FORM W-2	1. WAGES TIPS AN	D OTHER	COMP		TIET OTTE	٠.0	II O T CIVII	THOIT						
Σ	2. FED. INC. TAX W													
쓴	3. SOC. SECURITY	WAGES			\$3	30,823.53	\$30	,674.93	(\$148.60)					
	4. SOC SECURITY	TAX WITHI	HELD		\$	31,911.05	\$1	,901.84			(\$9.21)			
7	5. MEDICARE WAG	ES			\$3	30,823.53	\$30	,674.93	(\$148.60)					
70	6. MED. TAX WITH	HELD				\$446.89	,	\$464.74	(\$2.15)					
	9. ADVANCED EIC I	PAYMENT												
Ж	13A. 401K(TSP) (D)													
CHANGES	13D NON-TAXABLE (Moving Expense Reimbursements)													
Ĥ.	14A TAXABLE MER (Moving Expense Reimbursements)	es												
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ξõ	ITE	:M		A. AS	S ORIGINALLY F	REPORTED	B. CORRECT INFORMATION		C. INCREASE (DECREASE)					
MΕ	OASDI WAGES				\$3	30,823.53		,674.93	(\$148.60)					
ADJUSTMENT TRANSACTION	OASDI TAX WITHHE	LD			\$	31,911.05	\$1	,901.84	(\$9.21)					
AD.	MEDICARE WAGES		\$3	80,823.53	\$30	,674.93	(\$148.60)							
	MEDICARE TAX WITHHELD			\$446.89			;	\$464.74	(\$2.15)					
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3														
4	<b>/</b>	10.00			(\$0.04)		(\$440.00)		(00.45	- \				
4 NORM	(\$1 AL HOURS	48.60) PAY BA	eie	(\$9.21) DUTY BASIS			(\$148.60) COST CENT		(\$2.15)		ETE EOLIIVALENT			
NORW	80	FAIDA	2		1	, 	8564		SUBACCOUNT 08		FTE EQUIVALENT  0			
SEPAF	RATION DAY NO.	Q&SS	TATION N	Ю.	FUND CONTE		DATE OF BIF 07-26	RTH	PAY PLAN		TYPE OF APPOINTMENT 2			
	N FOR CORRECTION (				es (Cancel Check	(s etc.)			I IFYING OFFCIER	FYING OFFCIER DAT				
Cash Collection – employee not entitled PP23/00. Employee paid bill On 2-20-2001 Signature Required 3-28.01														
	0007 Davis ad	I	004			67			Evennle #	22 0-4	4 05 4			

$\langle \Sigma \rangle$	Departm	ent of V	eterans A	ffairs		NOT	LLE	CTION						
ТО	VA FSC (104/0475B)						ON OF PRE	PARING STATI	ION		STATION NO. 630			
AGOTIN, IX						SOCIAL SECURITY NO.	лк, тт	DATE O	F BIRTH	CK NO.	DATE OF CHEC	K	SALARY RATE	
- )						555 - 77 - 222	-		07 - 26 - 56			11 - 28 -		\$30,596.80
FCP NO. 012	1 2 2 1					NORMAL HOURS 80	O NT MAN HOURS	соят с <b>8564</b> :		SUBACCOUNT			PP23/00	
	STATUS	PERCEN T	RESERVED			DIST	. OF EMPLOY	YEE DEDUCTION	1		GOVERNM	IENT BASIC		GOVERNMENT MATCH
TSP					GS		FI		cs					
⊠EMPL	two blocks app OYEE CURRE		REEMPLOYE	•		□ EMPLOYEE	•	SEP	ARATION DA	Y NO.	O AN	ID S STATION		T AND L UNIT NO.
ON F	ROLLS		ANNUITANT			SEPARATE EARNINGS		DUCTIONS I	DATA					
	EARNI	NGS AND	ALLOWANG	CES		AMO	JNT			EDUCTIO	NS			AMOUNT
BASE	PAY					\$177	.68	OASDI	TAX					\$9.21
NIGHT	DIFFEREN	ITIAL						MEDIC	ARE TAX					\$2.15
HOLID	AY							FEDER	RAL TAX		1			
OVER	ГІМЕ							PRIMA	RY STATE	TAX		SA CODE		
LUMP	SUM							SECON	NDARY ST	ATE TAX		SA CODE		
STANE	BY PREMI	UM PAY						PRIMA	RY CITY T	AX		SA CODE		
ONCAL	L PAY							SECON	NDARY CI	TY TAX	GS	SA CODE		
PHYSI	CIAN/DENT	IST PAY						BASIC	LIFE INSU					
SUNDAY PREMIUM PAY								ADDTL	ADDTL OPTL INSURANCE CODE					
LIVING ALLOWANCE								STAND	ARD OPT	IONAL LII	FE INSU	RANCE		
UNIFO	RM ALLOW	/ANCE						FAMIL	Y LIFE INS	URANCE				
EARNE	ED INCOME	CREDIT				HEALTH BENEFITS Pre-tax YES □ NO □						□ NO □		
INCEN	TIVE AWAF	RDS				SAVINGS BONDS								
SES A	WARDS					GARAGE								
SATUR	RDAY PREM	IIUM PAY	<b>,</b>			TAXABLE QUARTERS								
	AL RATE B					NONTAXABLE QUARTERS								
	IISTRATIVE NTROLLAB		TIME			SUBSISTENCE								
	IG EXPENS	ES				PARKING FEES CFC CODE								
LOCALITY PAY								VOLUNT	ARY CONTE					
	TOTAL EA	RNINGS	AND ALLOW	VANCES		\$177	.68	UNION	DUES		ONIO	N DUES CODE		
			ESS-TOTAL			Ψ+0.	.44	POST <sup>2</sup>	1956 MILIT	TARY SEF	RVICE D	EPOSIT		
CASH COLLECTED OR NET PAY OF CHECK CANCELLED							<b>'2</b> 4	THRIF	THRIFT SAVINGS PLAN					
	OF 1114 NO. DATE OF 0F 1114 K1741122 2 - 20 - 01							RETIRI	CODE   VA SHARE   RETIREMENT					
VA FORM C527894	И 4-1027 NO. 53		ATE OF VA FC - 20 - 01	DRM 4-1027					EMENT (RE	-EMPLOY	ED ANN	JITANTS)		
HEALTH BENEFITS CODE VA SHARE OF HEALTH BENEFITS							TRANS	TRANSIT BENEFIT					\$29.08	
FU	ND OR APPRO	OPRIATION S	SYMBOL	F	REDU	CTION FOR ANNUI	TY	Other D	Deductions					
ACTON ☐ CHECK CANCELED ☑ CASH COLLECTED						SUSPENSE PA	T NO.				\$40.44			
REASON	FOR CANCEL	LATION OR	COLLECTION			•			AUTHORITY Wage \$148.6		INFORMA	TION ONLY		
PREPA	RED BY					DAT	Œ		URE CHIEF		INANCE			DATE
	Required		511F==			-	-	Ū	re Require				112.	
VA FORM		5642		EDES VAFORM		42 NOV 1989	68	Ex	ample #	23 Par	t 2 of 4		USGP	O : 1990 262-755/16844